

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Helen L. Abrisch

Died at *Arlington* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *8* ^{Day} *11* ^{Years} *8* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Arlington*

Occupation *—* Where Residing if not at place of death *Arlington*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Fredk M Abrisch* Father's Birthplace *va*

Mother's Maiden Name *Mattie Smith* Mother's Birthplace *md*

Name of person giving information *Mattie Smith* How related to deceased *Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *four weeks*

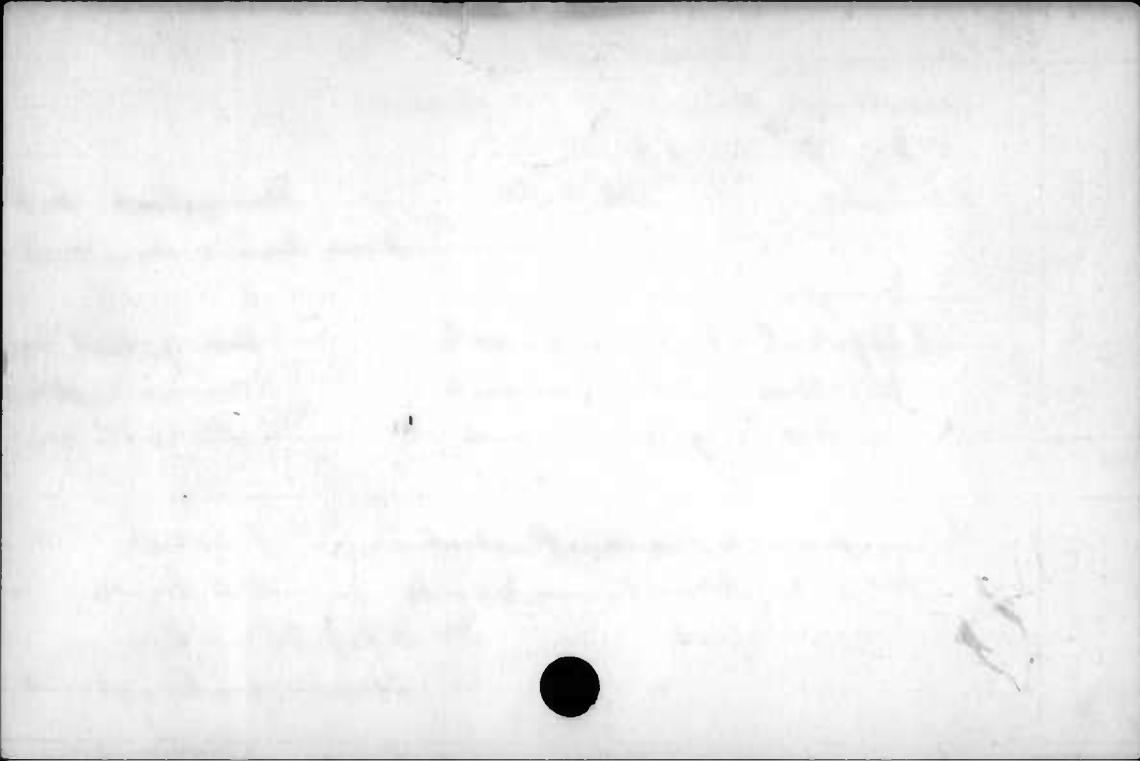
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edwin C. Jones*

Address *Arlington Md*

Accident or Suicide? *—*



Name
in
Full

Florence V. Armacost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Acorn Grove Rm</i>		County <i>Ballo</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>19</i>	Age <i>50</i>	Months <i>9</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hampstead Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Acorn Grove Rm Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Stephen F. Armacost</i>			Father's Birthplace <i>Hampstead Md</i>		
Mother's Maiden Name <i>Martha E. Armacost</i>			Mother's Birthplace <i>Hampstead Md</i>		
Name of person giving information <i>Harvey Armacost</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <i>hemiparesis, nervous Prostration</i>	How long <i>1 year</i>
Immediate <i>Heart Failure Shock</i>	How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr S. M. Rush</i>
	Address <i>Hampstead Md</i>
Accident or Suicide? <i>No</i>	<i>Md 5</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha Ellen Armacost

Town

County

MARYLAND

Died at New Grove Run

Belle

Date

Month

Day

Years

Months

Days

of death 1908

8

4

Age

70

6

6

Sex

Female

Color or
Race

White

Birth-
place

Hamstead Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Stephen Armacost

Father's
Name

Joseph Armacost

Father's
Birthplace

Not known

Mother's
Maiden Name

Catherine Houcha

Mother's
Birthplace

" "

Name of person giving
information

Della Rush

How related
to deceased

Daughter

CAUSES OF DEATH

①

Primary

Typhoid Fever

How long

1 week

Immediate

Heart Failure

How long

2 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. D. M. Rush

Address

Hamstead

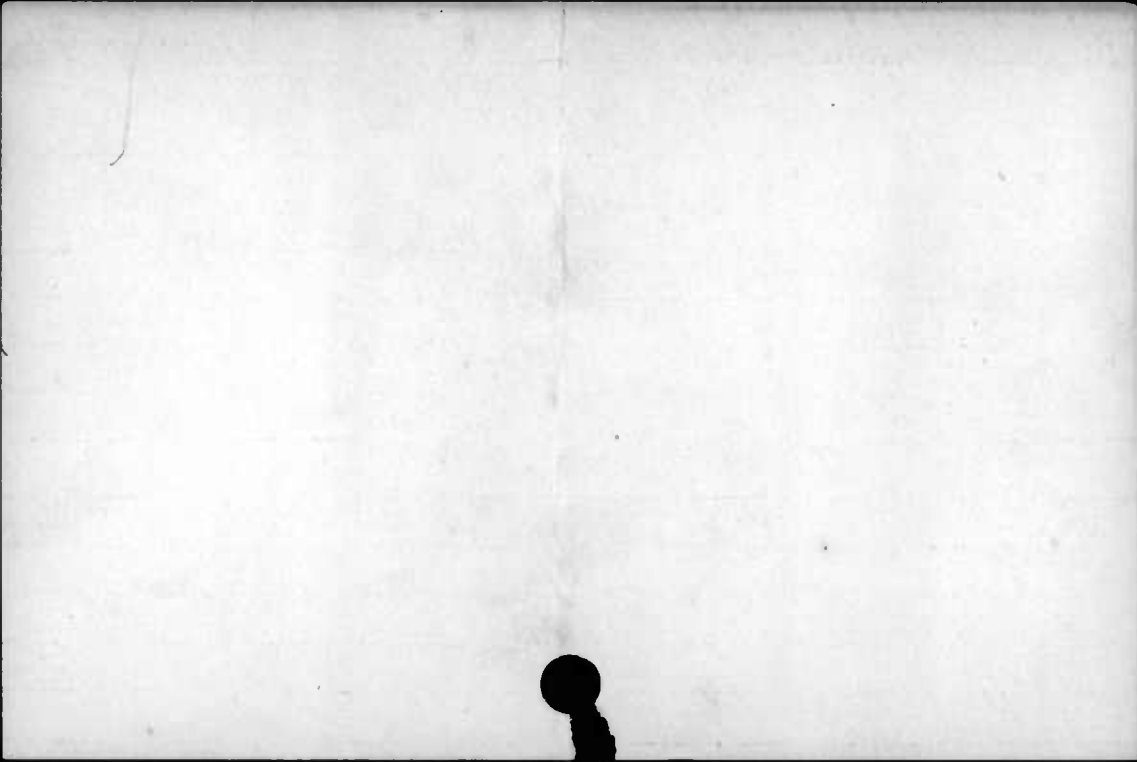
Accident or Suicide?

5th District

Md. 5

LIBRARY BUREAU AGES 16

PHYSICIAN
OR CORONER



Name
in
Full

William Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Balto, Co. ^{County} Annapolis

MARYLAND

Date of death 1908 8 8 Age 34 Months Days

Sex Male Color or Race Colored Birth-place Md.

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Alushouse Registrar How related to deceased

CAUSES OF DEATH

79

Primary Heart Lesion How long Unknown

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F. C. Bissay

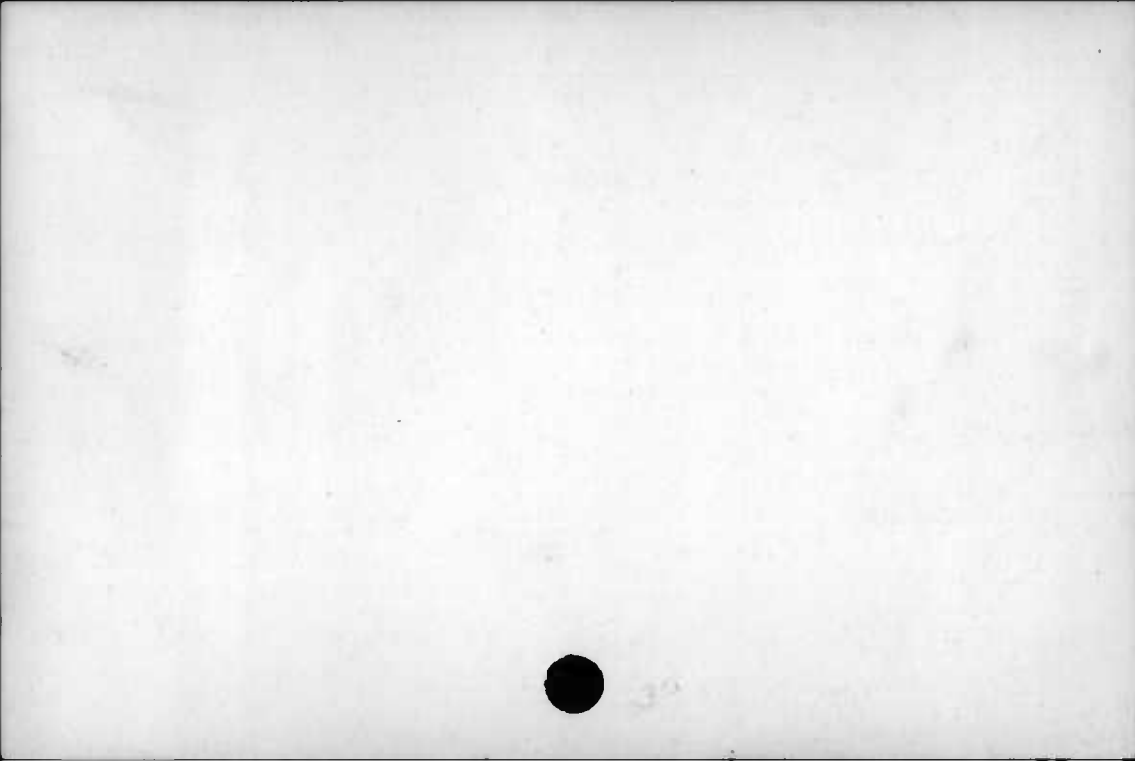
Address

Texas

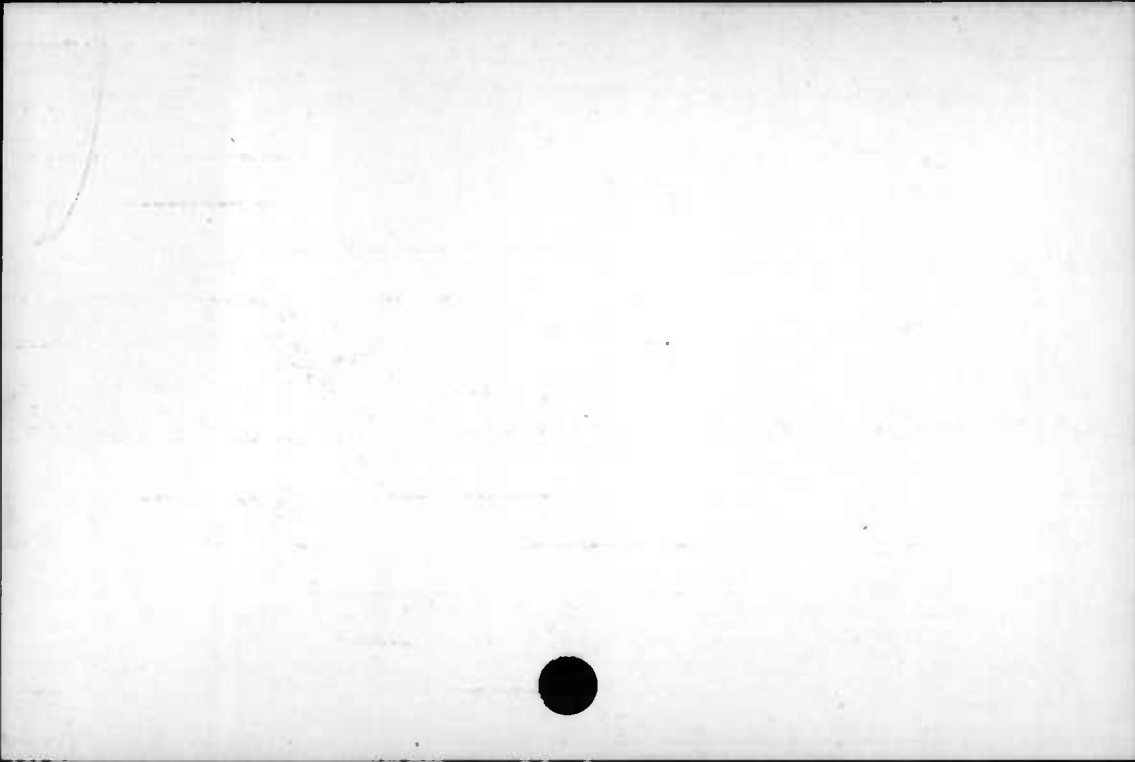
Md. 8

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		11th		Balto		MARYLAND		
	Date of death	190	Month	Aug	Day	8	Age	Years	Months
	Sex	male		Color or Race	white		Birth-place	Balto	
	Occupation	infant				Where Residing if not at place of death		Balto	
	Married, Single or Widowed	single		Name of Wife or Husband					
	Father's Name	unknown					Father's Birthplace	unknown	
	Mother's Maiden Name	1					Mother's Birthplace	1	
	Name of person giving information						How related to deceased	1	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(157)</div>									
PHYSICIAN OR CORONER	Primary		marasmus					How long	
	Immediate							How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. N. [Signature]		
					Address		11th		
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jerome Baylor</i>		Town <i>Oregon</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Oregon</i>		Month <i>8</i>		Day <i>24</i>		Age <i>1</i>	
Date of death <i>1908</i>		Months <i>6</i>		Days <i></i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Oregon md</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Robert Baylor</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary E. Johnson</i>				Mother's Birthplace <i>Oregon md</i>			
Name of person giving information <i>James E. Johnson</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>I suppose about 8 days</i>
Immediate <i>Suffocation</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Drack Md</i>
<i>Dr. saw the child two days ago.</i>	Address <i>Cockeysville Md</i>
Accident or Suicide? <i>MD Md</i>	

Funeral at Goff's
Chapel. Wednesday
May 26.

W. C. Brooks

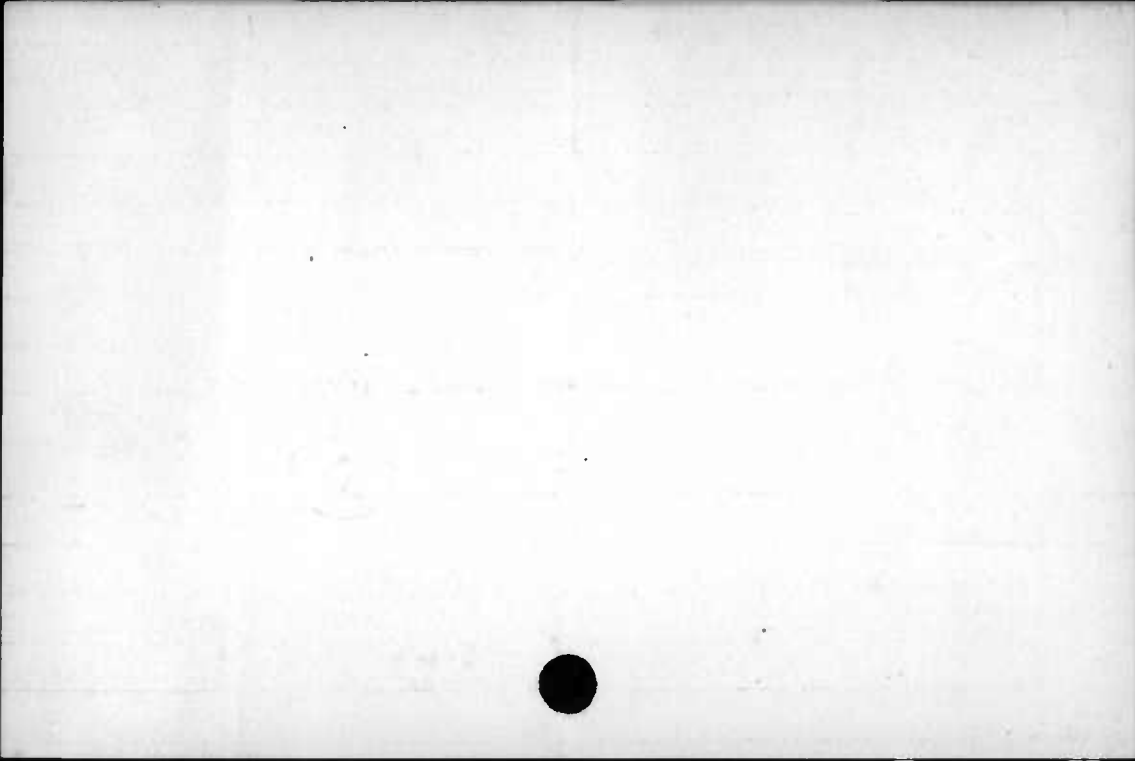
Name
in
Full

CERTIFICATE OF DEATH

Died at <i>Sparrow Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	Aug	Day	7th
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place	<i>Sparrow Point</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>William O. Beale</i>		Father's Birthplace	<i>Va</i>
Mother's Maiden Name		<i>Gertrude Gibson</i>		Mother's Birthplace	<i>Va</i>
Name of person giving information		<i>Gertrude Beale</i>		How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Immature birth</i>	How long	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>G. T. McComick M.D.</i>
			Address	<i>Sparrow Point Md.</i>
	Accident or Suicide?	<i>no</i>		

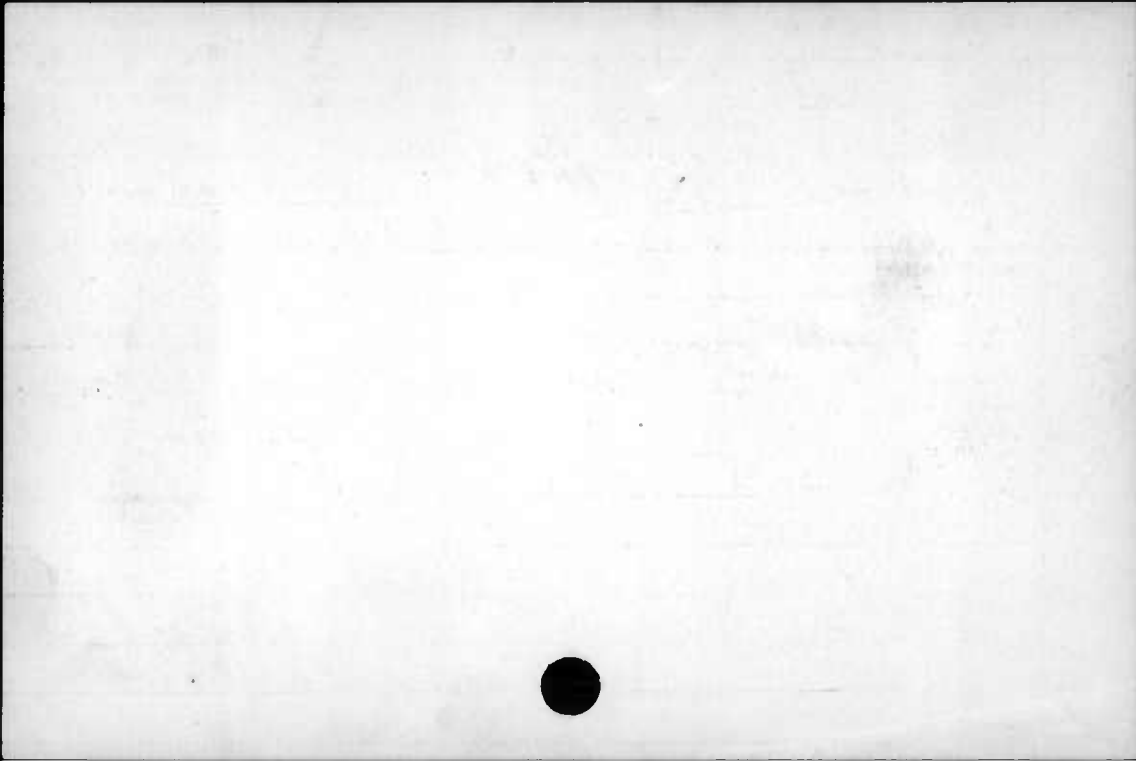


Name in Full		Catharine M. Becker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Canton	County Balto.		MARYLAND	
		Date of death		1908	Month Aug	Day 22	Age	Years
		Sex		Female		Color or Race	White	
		Occupation		none		Birth-place	Balto. Co.	
						Where Residing if not at place of death		none other
		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		Edward Becker		Father's Birthplace		Balto Co.
Mother's Maiden Name		Frances Kiefer		Mother's Birthplace		N.Y.		
Name of person giving information		Edward Becker		How related to deceased		Father		
		CAUSES OF DEATH		105				
PHYSICIAN OR CORONER		Primary		Gastro-Enteritis		How long 7 days		
		Immediate		Exhaustion		How long one day		
		Are the name, age, sex, color, data and place correctly given above?		Yes		Signature of Physician		
				Address		H.W. Jones		
		Accident or Suicide?				3114 S. M. St.		

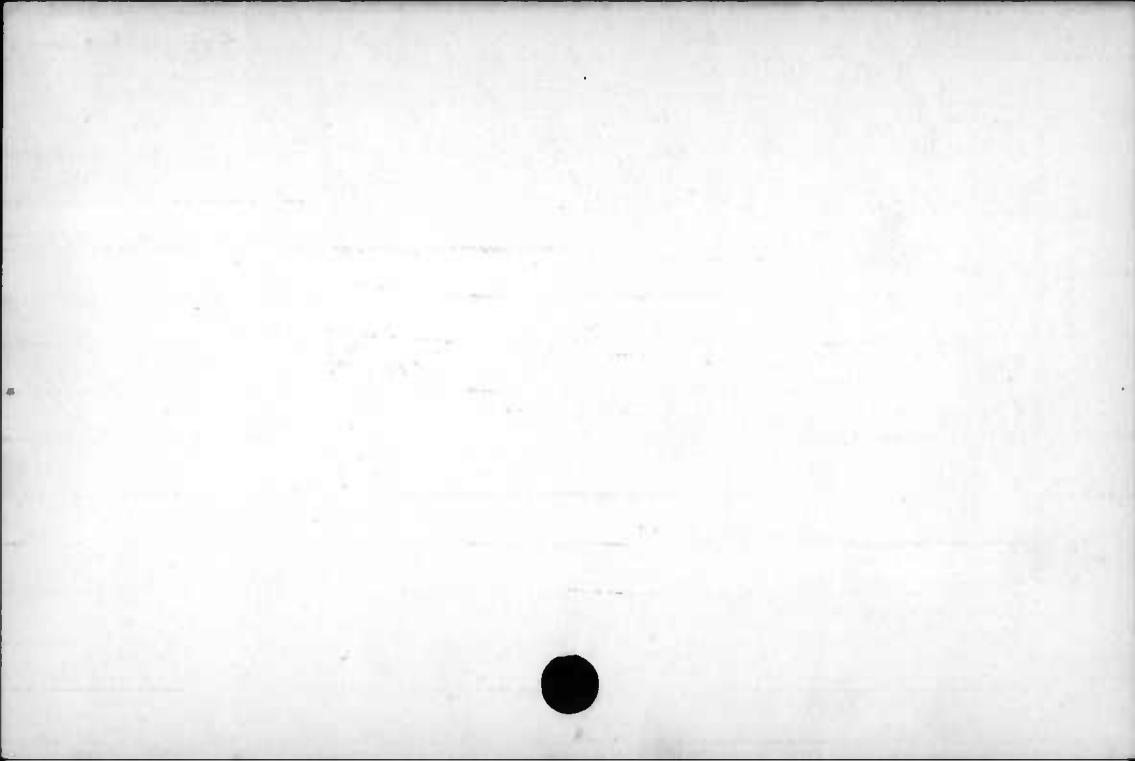
Sacred Heart Cemetery
Aug. 24th 1908

Lilly and Geiler
Undertakers

Name in Full		Anastasia Benville				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	St. Agnes Hospital		Town	County	Baltimore	
	Date of death	1908	Aug.	11	Age	70	Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		St. Agnes Hospital	
	Married, Single or Widowed	Name of Wife or Husband		Lawrence Benville			
	Father's Name	Lawrence Williams				Father's Birthplace	Ireland
	Mother's Maiden Name	Annie Ellis				Mother's Birthplace	Ireland
Name of person giving information	Gertrude A. Farrell				How related to deceased	Grand niece	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">164</div>							
PHYSICIAN OR CORONER	Primary	Fracture of Femur				How long	2 Months
	Immediate	Pneumonia				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
				St. Agnes Hospital			
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wm Widen</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
	Date of death <i>1908 Aug</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i> Months <i>2</i> Days <i>—</i>	
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
	Occupation <i>Infant</i>		Where Residing if not at place of death <i>Baltimore</i>			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>George Bear</i>		Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name <i>Katherine M. Friedel</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Malnutrition.</i>		How long <i>1 mo.</i>			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Knox Jr. M.D.</i>			
			Address <i>Wm Widen, Ind.</i>			
Accident or Suicide?						



Name
in
Full

Francis Hyde Bird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park ^{Town}		Baltimore ^{County}		MARYLAND	
Date of death 1908	Month August	Day 13	Age 73	Months 1	Days 17
Sex Male	Color or Race White		Birth-place Philadelphia Pa.		
Occupation Unknown		Where Residing if not at place of death Roland Park, Md.			
Married, Single or Widowed Married	Name of Wife or Husband Esther Bierborn Bird				
Father's Name Joseph Bird	Father's Birthplace Phila Pa.				
Mother's Maiden Name Elizabeth M. Hyde	Mother's Birthplace Charlestown Mass				
Name of person giving information Enoch Pratt Hyde			How related to deceased Nephew		

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary Angina Pectoris	How long 6 weeks
Immediate died in Syncope with pain lasting ten minutes.	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. Gibson Foster
	Address Roland Park Md.
Accident or Suicide? No	

Henry W. Jenkins Sons Co.
from Boland Park.

to Steubenville Jefferson Co. "
Ohio

Monday Aug 17th / 08

Name
in
Full

Albinus E. Bocklage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto.</i>		MARYLAND	
Date of death 190 ^{Month} <i>8</i> ^{Day} <i>12th</i> ^{Years} <i>—</i>	Age <i>—</i>	^{Months} <i>5</i>	^{Days} <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>None</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>August Bocklage</i>	Father's Birthplace <i>Balto. Co.</i>		
Mother's Maiden Name <i>Helen Loylich</i>	Mother's Birthplace <i>Cleveland, O.</i>		
Name of person giving Information <i>August Bocklage</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>about 8 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Gollenberg</i>
	Address <i>1810 E Balto 51</i>
Accident or Suicide	

Sacred Heart
Cemetery

Aug 17th 1908

Lilly and Zeiler
Undertakers

Name in Full		'Still born' Boone				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hullville		County Baltimore		MARYLAND
	Date of death		1908	Month 8	Day 26	Age —	Years —
	Sex		Female		Color or Race		Colored
	Occupation		Home		Birth- place		Hullville Md.
					Where Residing if not at place of death		
	Married, Single or Widowed		Infant		Name of Wife or Husband		
	Father's Name		Chas W. Boone		Father's Birthplace		Howard Co. Md.
Mother's Maiden Name		Maggie Ogle		Mother's Birthplace		Balt. Co. Md.	
Name of person giving In formation		Chas. W. Boone		How related to deceased		Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> <div>Primary</div> <div>Still born</div> <div>How long</div> <div>—</div> </div> <div style="text-align: center;"> <div>Immediate</div> <div>Still born</div> <div>How long</div> <div>—</div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					August W. Miller Coroner Mt Winans Balt. Co Md.		
<div>Accident or Suicide?</div> <div></div>							

H. Ross.

W. F. Auburn

Secretary

Name
In
Full

Thurman Emmanuel Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cockeysville Town

County

Baltimore

Date

of death 1908

Month

Aug

Day

8

Years

Age

Months

Days

29

Sex

male

Color or
Race

white

Birth-
place

Cockeysville md

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Thurman Emmanuel Bosley

Father's
Birthplace

Hoffmanville

Mother's
Maiden Name

Dora Bosley

Mother's
Birthplace

Rayville

Name of person giving
information

Dora Bosley

How related
to deceased

Mother

CAUSES OF DEATH

104

Primary

Indigestion

How long

20 days

Immediate

Gastro Enteritis

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

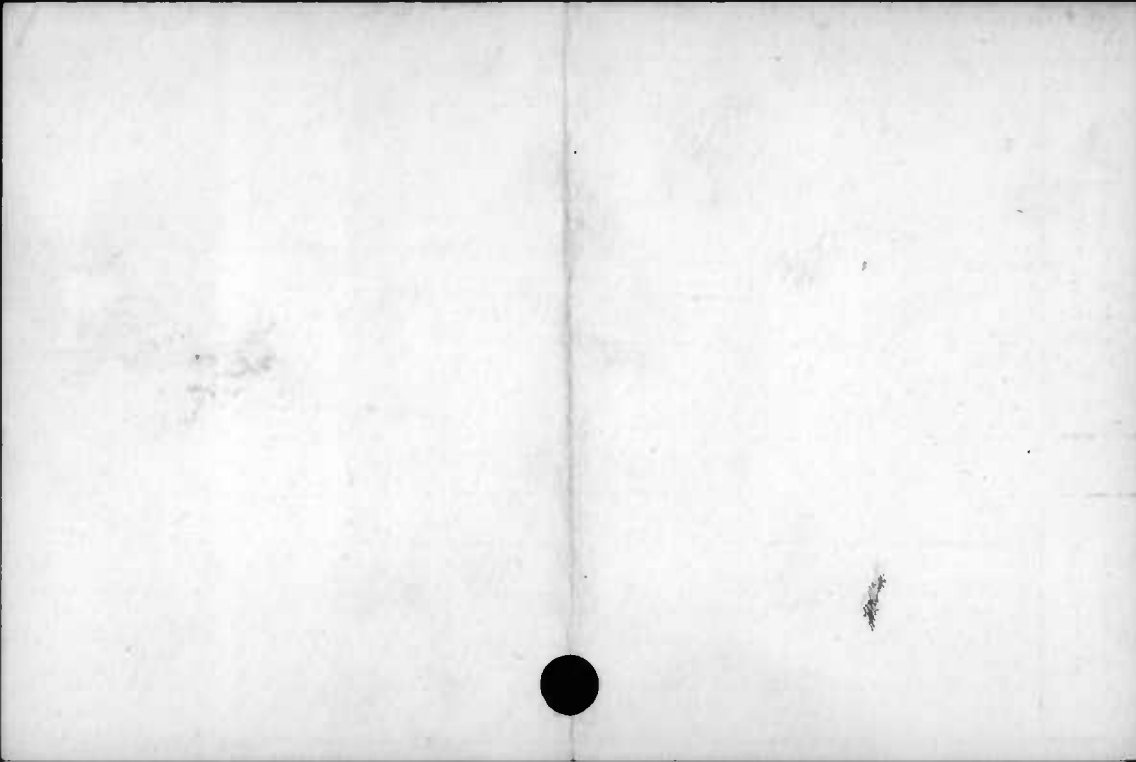
Signature of
Physician

Dr. J. B. Benson

Address

Cockeysville md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Real and Park</i>		Town <i>Real and Park</i>		County <i>Barco</i>		MARYLAND	
Date of death	1908	Month	8	Day	12	Age	77
Sex	Female	Color or Race	White	Birth-place	Ireland		
Occupation	Sister of Charity			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Unknown					Father's Birthplace	Ireland
Mother's Maiden Name	Unknown					Mother's Birthplace	Ireland
Name of person giving information	Sister Mary Rose Imbric					How related to deceased	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	25 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Geo. H. Cairnes.	
		Address	
		21, W. 25th St.	
Accident or Suicide?			

New Cathedral Cemetery
Aug 13 th 1908

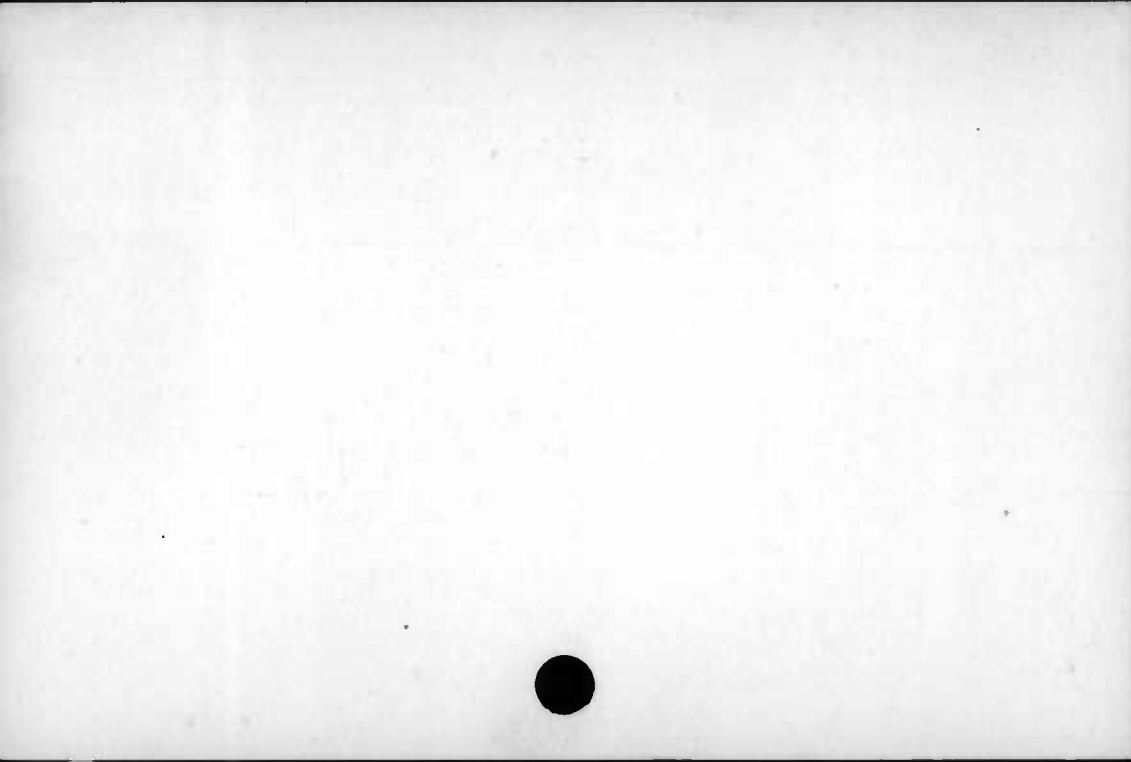
MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1093; ~~1094~~

Name in Full		Viola Brittin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Towson		County Baltimore		MARYLAND	
	Date of death	1908	Month 8	Day 10	Age —	Months 4	Days —
	Sex	female		Color or Race	colored		Birth-place Towson
	Occupation	none		Where Residing if not at place of death		Towson	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Wm H. Brittin				Father's Birthplace	Maryland
	Mother's Maiden Name	Luella Holland				Mother's Birthplace	Maryland
Name of person giving information	Luella Holland				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dysarrhoea				How long	1 month
	Immediate	Marasmus				How long	1 month
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	R. C. Massenburg M.D.
	Accident or Suicide?	X				Address	Towson
Died without medical attendance						Jon. B. Herbert, Coroner	

105



Name
in
Full

Mary E. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Glencoe Town P.D. No 1County Balto,Date of death 1908 AugDay 8Age 9 YearsMonths 9Days 15Sex FemaleColor or Race WhiteBirth-place Battle mdOccupation InfantWhere Residing if not at place of death " "Married, Single or Widowed SingleName of Wife or Husband " "Father's Name Frank, L. BrownFather's Birthplace Boring P.D. Md.Mother's Maiden Name Corra E. MyersMother's Birthplace Glenn Run P.D. Md.Name of person giving information " " "How related to deceased Mother

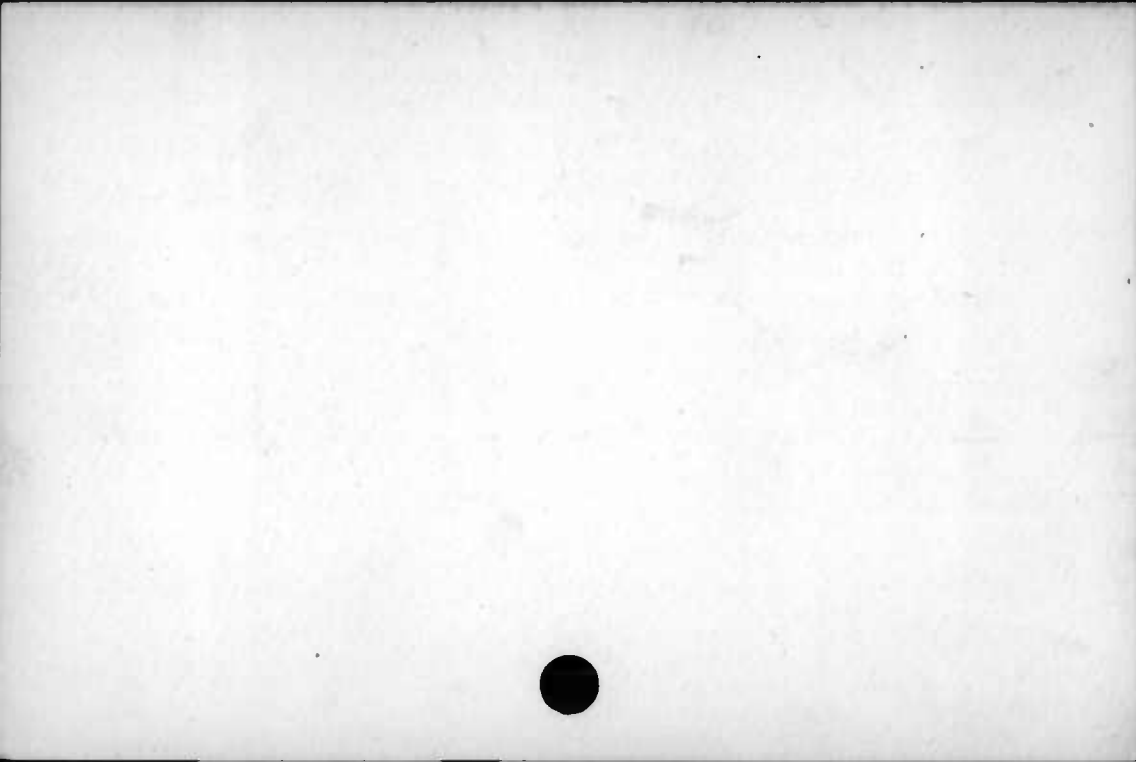
CAUSES OF DEATH

150

Primary Chronic HyponcephalusHow long 9 mo. 15 daysImmediate Diarrhea - - ExhaustionHow long 1 monthAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. P. DrachAddress Lockeysville P.D. No 1

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia Merrett Buchinal

Died at *Walnut & Edmondson* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date of death 190 *8* ^{Month} *Aug.* ^{Day} *4* ^{Years} *29* ^{Months} *4* ^{Days} *17*

Sex *Female* Color or Race *white* Birth-place *Chestutown, Md.*

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *John Cacy Buchinal* Father's Birthplace *Odessa, Del.*

Mother's Maiden Name *Mary M. Buchinal* Mother's Birthplace *Chestutown, Md.*

Name of person giving information *Mary C. Buchinal* How related to deceased *Sister.*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

4 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. H. Holbrook, M.D.
728 N. Carey St.
Baltimore, Md.

Accident or Suicide?

No 1st District

Wednesday 27th Feb

Geo J Smith Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Katherine J. Burgess</i>		Town <i>Hamilton</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Hamilton</i>		Month <i>August</i>		Day <i>9th</i>		Age <i>39</i>	
Date of death <i>1908 August 9th</i>		Months <i>7</i>		Years <i>24</i>		Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>8 Evergreen Lawn Hamilton</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>George H. Burgess</i>					
Father's Name <i>Joseph M. Kwoets</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margaret Knauess</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving In formation <i>George H. Burgess</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthis Pulmonalis</i>		How long <i>several weeks</i>	
Immediate <i>Pneumonia</i>		How long <i>about 10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. C. S. Vogler M.D.</i>	
		Address <i>Hamilton Md</i>	
Accident or Suicide? <i>—</i>		<i>14th District</i>	

John B Spence

Druid Ridge

Name
in
Full

Elizabeth Burke #155, East Ave,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug.</i>	Day <i>26</i>	Age <i>39</i>	Months <i>7</i> Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Burke</i>				
Father's Name <i>James S. Maynard</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Elizabeth Kerner</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>William Burke</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About 8 months</i>
Immediate <i>Exhaustion.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter W. White MD</i>
	Address <i>1101 N. Broadway</i>
	<i>12th District Baltimore Md.</i>
Accident or Suicide?	

Put. Cornel County
Aug. 29th 08
H. Borden & Sons

Name
in
Full

Adam Burkner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Germantown* ^{County} *Baltimore* **MARYLAND**

Date of death 1908 ^{Month} *Aug.* ^{Day} *30* Age ^{Years} *84* ^{Months} *11* ^{Days} *21*

Sex *Male* Color or Race *white* Birth-place *Germany*

Married, Single or Widowed *widowed.* Occupation *Carpenter*

Name of Wife or Husband *Fredg. Burkner.*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Lillian Foreman* How related to deceased *daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Senility* How long *3 years.*

Immediate *Apoplexy* How long *1 week.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. C. Burkner*

Address *Germans. Md.*

Accident or Suicide? *neither*

Harry W. Ehlen
1944 W. North an
Burial in London Park. Gen.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calonsville</i> ^{Town}		<i>Bullo</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>Aug</i> ^{Month}	<i>18</i> ^{Day}	Age <i>58</i> ^{Years}	Months Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>X</i>				
Marrled, Single or Widowed <i>Marrled</i>	Name of Wife or Husband <i>unk</i>				
Father's Name <i>unk</i>	Father's Birthplace <i>unk</i>				
Mother's Maiden Name <i>unk</i>	Mother's Birthplace <i>unk</i>				
Name of person giving information <i>-</i>	How related to deceased <i>-</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>4 yrs</i>
Immediate <i>Chronic Interstitial Nephritis</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Percy Wade</i>
	Address <i>Calonsville, Ind</i>
Accident or Suicide? <i>No.</i>	

Edward J Gannig.
Holy Cross.

Name
in
Full

Robert W. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highlandtown ^{County} Balto MARYLANDDate of death 190 ^{Month} 8 ^{Day} 27 ^{Years} Age 22 ^{Months} 8 ^{Days}

Sex Male Color or Race White Birth-place Balto.

Occupation Laborer Where Reiding if not at place of death 3928 Eastern Ave

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William Campbell Pether's Birthplace Balto.

Mother's Maiden Name Annie Kemper Mother's Birthplace " "

Name of person giving Information Annie Kemper How related to deceased Grandmother

CAUSES OF DEATH

Primary Acute tuberculosis How long about 27

Immediate Exhaustion How long 3 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F. A. Warner, M.D.

Address 1133 Valley St

Accident or Suicide 12th District

PHYSICIAN
OR CORONER

Louden Park

J. Herwig & Son

8/30/08

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Dover</u>				<u>Baltimore</u>		MARYLAND			
		Date of death 190 <u>8</u>		Month <u>Aug</u>		Day <u>17</u>		Age <u>—</u>		Years <u>1</u> + Months <u>+</u> Days <u>7</u> +	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Dover</u>					
		Married, Single or Widowed <u>Single</u>				Occupation <u>—</u>					
		Name of Wife or Husband <u>X</u>									
		Father's Name <u>V. J. Caples</u>				Father's Birthplace <u>Me</u>					
		Mother's Maiden Name <u>Mary E. Ledley</u>				Mother's Birthplace <u>Me</u>					
		Name of person giving information <u>Mary E. Ledley</u>				How related to deceased <u>Mother</u>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">151</div> </div>											
PHYSICIAN OR CORONER		Primary <u>Nervousness</u>				How long <u>1 mo</u>					
		Immediate <u>Enteritis</u>				How long <u>1 week</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>J. R. Price</u>					
						Address <u>Glyndon</u>					
		Accident or Suicide? <u>X</u>									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

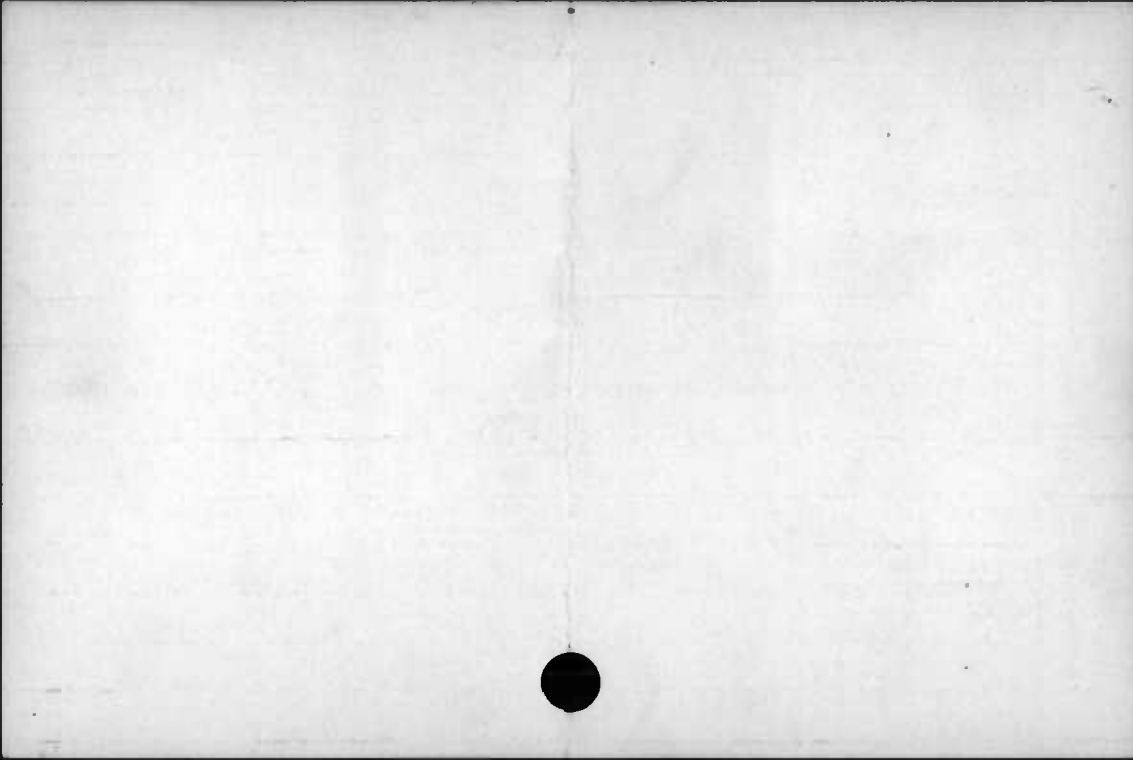
Name <i>Charles Raymond Carr</i>		Town <i>Buckleysville</i>		County <i>Ballo</i>		MARYLAND	
Died at <i>Buckleysville</i>		Month <i>8</i>		Day <i>23</i>		Age <i>Years</i>	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>23</i>		Age <i>Years</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Buckleysville Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Walter H. Carr</i>				Father's Birthplace <i>Warren Ind</i>			
Mother's Maiden Name <i>Margaret A. Gardner</i>				Mother's Birthplace <i>Buckleysville Ind</i>			
Name of person giving information <i>Richard A. Carr</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

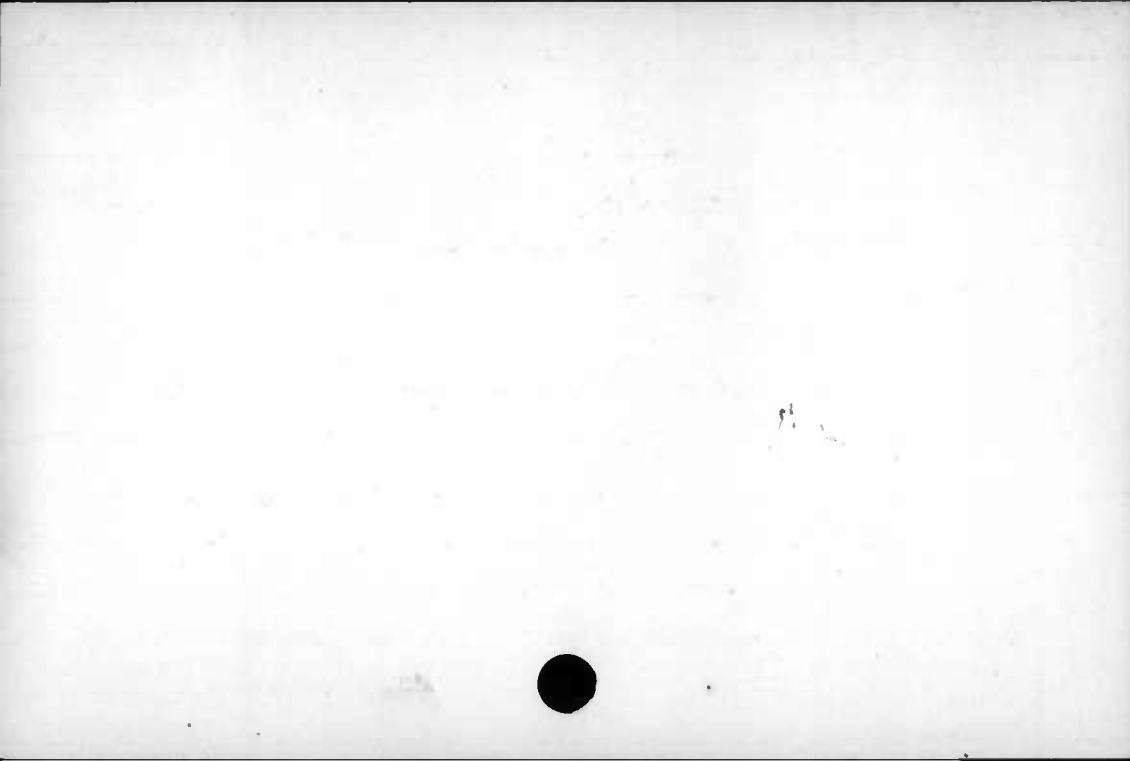
105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>10 days</i>
Immediate <i>Coma & Heart Failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr D. W. Rish.</i>
	Address <i>Hampstead.</i>
Accident or Suicide?	<i>Ind. 5</i>



Name in Full Robert Carter		TOWN		COUNTY Balto.		CERTIFICATE OF DEATH	
Died at Mt. Vernon		MAYLAND					
Date of death 1908 Aug.		Month 8		Day 8		Age 3	
Sex male		Color or Race white		Birth-place Balto.			
Occupation infant		Where Residing if not at place of death Balto.					
Married, Single or Widowed single		Name of Wife or Husband _____					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name "		Mother's Birthplace "					
Name of person giving information		How related to deceased "					
		CAUSES OF DEATH					
Primary Malnutrition		How long 30 days					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician [Signature]		Address Mt. Vernon			
Accident or Suicide?							



Name
in
Full

Heldred E. Blaine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

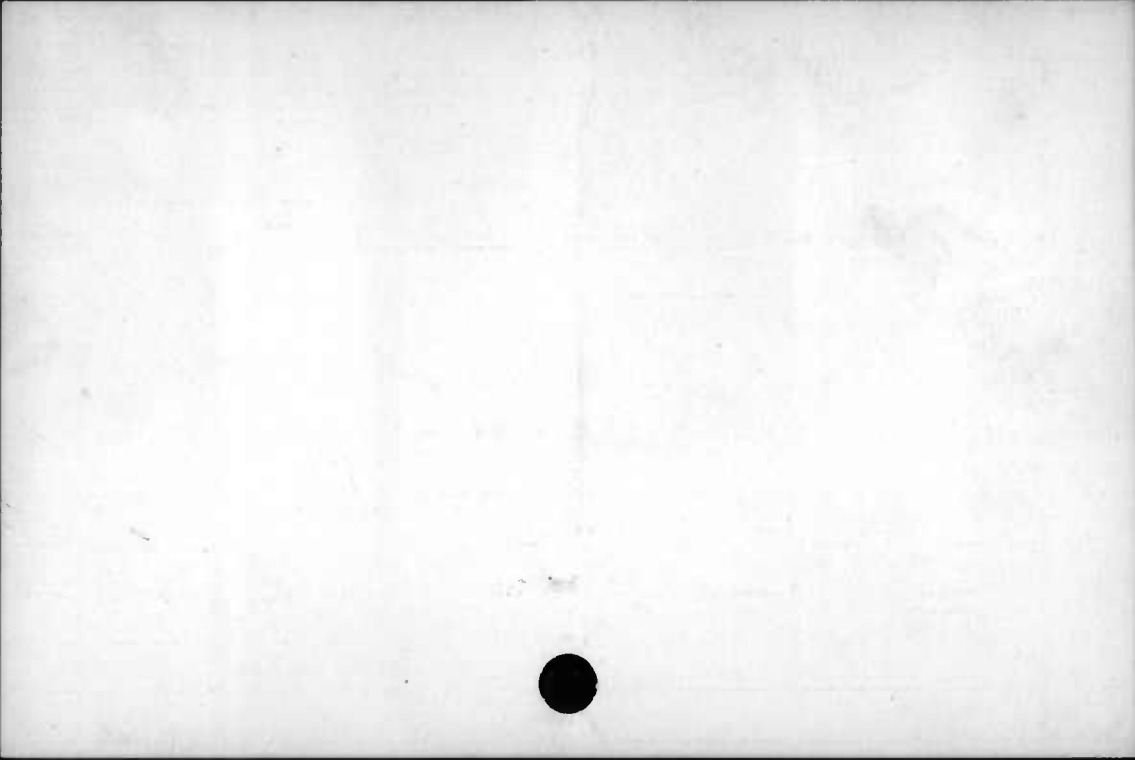
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Aug	11			4	
Sex	Male		Color or Race	Black		Birth-place	Spanish Point.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Eugene Blaine				Father's Birthplace	Med.
Mother's Maiden Name		Josephine Fisher				Mother's Birthplace	Med
Name of person giving information		Eugene Chase				How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Intero Colicis	How long	4 weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. C. Eldred M. D.	
Address		Spanish Point Med	
Accident or Suicide?			



in
Full

Alice C. Caggitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i> ^{Town}		County <i>Baltimore Co.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>18th</i>	Age <i>—</i>	Months <i>—</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Roland Park</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <i>—</i> or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. Wm. Caggitt</i>			Father's Birthplace <i>Petersville Wm</i>		
Mother's Maiden Name <i>Educa S. Caggitt</i>			Mother's Birthplace <i>Camden N.J.</i>		
Name of person giving information <i>J. Wm. Caggitt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Feeble Vitality</i>	How long <i>since birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.D. Booker M.D.</i>
	Address <i>208 W. Monument St.</i>
Accident or Suicide? <i>—</i>	

place of burial
~~Waverton~~^{Frederick} Co
Md

Date of burial
aug 20th 1908

Newfentim Sons Co
funeral directors

+ Waverton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Talbott Cockey* Town *Lutherville* County *Baltimore* MARYLAND

Died at *Lutherville*

Date of death 1908 *Aug* Month *12* Day Age *21* Years Months *7* Days

Sex *Male* Color or Race *white* Birth-place *Lutherville*

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband *None*

Father's Name *J Emory Cockey* Father's Birthplace *Maryland*

Mother's Maiden Name *Mabel S. Swann* Mother's Birthplace *Maryland*

Name of person giving information *W H Cockey* How related to deceased *Uncle*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro-Enteritis* How long *Two weeks*

Immediate *Exhaustion* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. L. Tibbels, M.D.*

Address *Lutherville, Md.*

Accident or Suicide? *No*

Please grant Stewart &
Mowen Co Permit for
burial in Druid Ridge
Cemetery for Friday Morning
Yours Truly
Stewart & Mowen Co

Aug 12/08

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Jonathan Cole
Died at ^{Town} Balw. Co. ^{County} Alusshouse

Date of death 1908 8 29 Age 65 Months Days

Sex Male Color or Race Colored Birth-place Unknown

Occupation Unknown Where Residing if not at place of death as above

Married, Single or Widowed Unknown Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Balw. Co. Alusshouse Registrar How related to deceased

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long Unknown
Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. C. Bussey
Texas

Accident or Suicide?

No

8th District

Md. 8.



Name
in
Full

CERTIFICATE OF DEATH

J S Collier

Town

Ashland

County

Baltimore

MARYLAND

Died at

Date
of death 190

Month

Aug

Day

19

Age

Years

26

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Virginia

Occupation

Soldier

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Leutenant Bull

How related
to deceased

CAUSES OF DEATH

172

Primary

Drowned

How long

Immediate

Drowned

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

PHYSICIAN
OR CORONER

Coroner

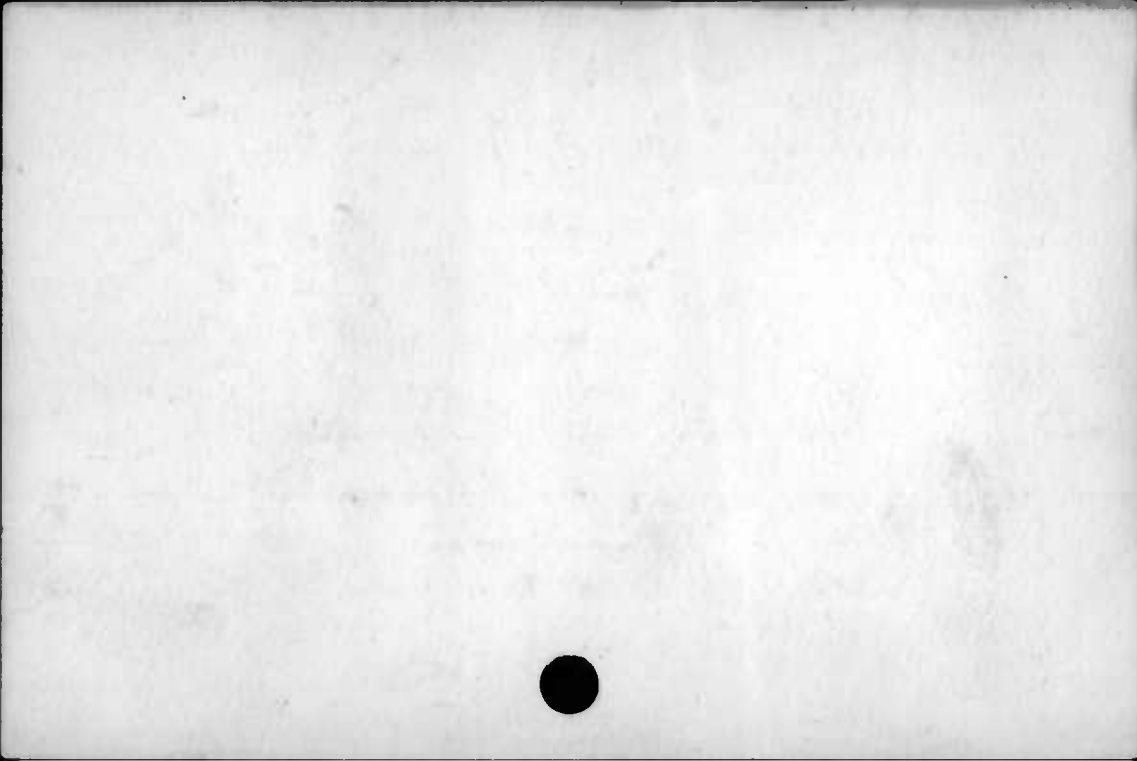
Address

Room 26 Luncan

Accident or Suicide?

Beheading

Coroner



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		William R. Conn.		Town		Marriottsville		County		Baltimore		State		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1908		Aug		21		st		86						2	
Sex		Male		Color or Race		White		Birth-place		England					
Occupation		Stone		Where Residing if not at place of death		Place of death									
Married, Single or Widowed		Widowed		Name of Wife or Husband		Mary A. Hardwick									
Father's Name		Don't know		Father's Birthplace		England									
Mother's Maiden Name		Don't know		Mother's Birthplace		England									
Name of person giving information		Ges Dell		How related to deceased		None									

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary		Hemiplegia		How long		Three days	
Immediate		Shock to exhaustion		How long		Three days	
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Wm. H. Harwick M.D.	
				Address		Harrowville Baltimore Co. Md.	
Accident or Suicide?							



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>alt. inst.</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>7</i>	Age <i>X</i>	Months <i>5</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>	
Occupation <i>infant</i>		Where Residing if not at place of death <i>Balto</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information		How related to deceased <i>"</i>			

CAUSES OF DEATH

179

Primary Archaeobacteria

How low

Immediate

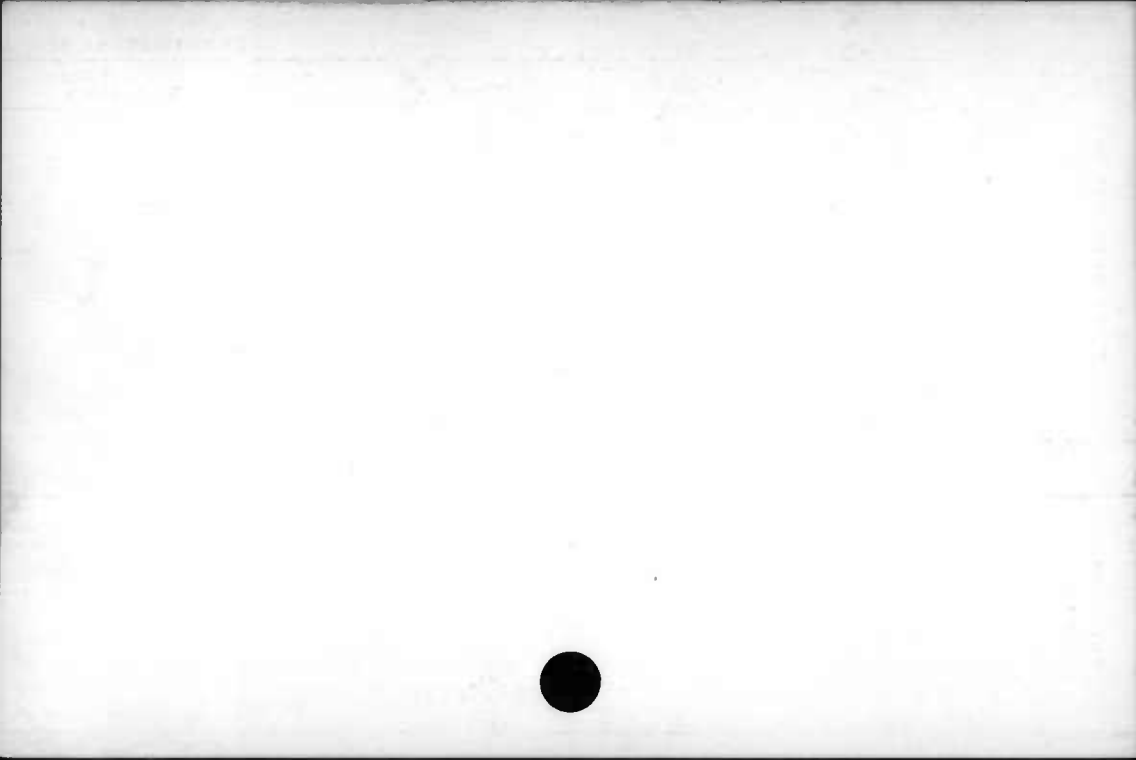
How long

Are the name, age, sex, color, date and place correctly given above ?

Signature of
Physician

Address _____

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John L. Coomb* Town *Matport* County *Baltimore*
Died at
Date of death *1908 Aug 3* Age *38* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *City*
Occupation *Special Policeman* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Stephen Coomb* Father's Birthplace *Md*
Mother's Maiden Name *Wynne* Mother's Birthplace *"*
Name of person giving information *J. Payne* How related to deceased *Brother*

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary *Stomach poisoning* How long *7 days.*
Immediate *Paralysis of Heart* How long *1 hour.*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Reglance*
Address *Int Williams Md.*
Accident or Suicide?

W. J. Fickner Esq
London PK

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossville</u> Town		<u>Bald</u> County		MARYLAND	
Date of death	1908	Month	Aug	Day	19
Age	7	Years	—	Months	—
Sex	Male	Color or Race	White	Birth place	Ind
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>John Leeper</u>		Father's Birthplace	
Mother's Maiden Name		<u>Annie Fort</u>		Mother's Birthplace	
Name of person giving information		<u>John Leeper</u>		How related to deceased	
				Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Manacurus</u>	How long	<u>2 mo</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>C. V. Meach</u>	
		Address	
		<u>Rossville</u>	
		<u>Ind</u>	
Accident or Suicide?			

Mr Carmel

Aug 21/08

H. Sander Lons

Name
in
Full

Franklin L. Crook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monell Park</i>		Town <i>Monell Park</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>3</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Ind</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James Crook</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Nellie Wiseman</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>James Crook</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Geo. M. Kieffer
Monell Park

Accident or Suicide?

C.W. Hill

Western Cemetery

Name
in
Full

Eugene R. Brown

CERTIFICATE OF DEATH

pa
MARYLAND

Died at *York* Town

York County

Date of death *1908*

Month *8*

Day *11*

Age *40*

Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-place *County*

Occupation *Labrer*

Where Residing if not at place of death *York Pa*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Simon Brown*

Father's Birthplace *Pa*

Mother's Maiden Name *Callianne*

Mother's Birthplace *Pa*

Name of person giving information *Undertaker*

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Accidental York Pa*

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lizzie Dealham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wash. Washington		County Balto		MARYLAND	
Date of death		190	Month 8	Day 4	Age 64	Years 6	Months —
Sex Female		Color or Race white		Birth- place Balto			
Occupation Housewife				Where Residing if not at place of death at place of death			
Married, Single or Widowed m		Name of wife or Husband S. Dealham					
Father's Name do not know				Father's Birthplace Bavaria			
Mother's Maiden Name do not know				Mother's Birthplace Bavaria			
Name of person giving In formation Undertaker				How related to deceased no			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Carcinoma of Liver		How long 2 yrs	
Immediate Toxaemia, shock		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. G. Baronde us	
		Address 1631 Madison av Balto City	
Accident or Suicide?			

Jacob Ahrens Co
1607 Madison Ave
Balto Hebrew Cemetery

Name
in
Full

Louis F. Decker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		8	27	50		5	19
Sex		Color or Race		Birth-place			
Male		White		Balto.			
Occupation				Where Residing if not at place of death			
Saloon Keeper				1226 S. Clinton St.			
Married, Single or Widowed		Name of Wife or Next of Kin					
Married		Catherine Decker					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			
Catherine Decker				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of liver	How long	One yr
Immediate	Ascascara	How long	six mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. G. Runk	
		Address	
		2000 E. B. & H. St.	
Accident or Suicide			

Oak Lawn Conn.
Hemig & Son
8/31/08

Name
in
Full

Earnest Deikeman (a Dieckman?) (or Deigman)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Fairfax County Bolton **MARYLAND**
Died at Fairfax
Date of death 190 July Month 25 Day 73 Age — Months — Days
Sex male Color or Race white Birth-place Germany
Occupation none recently (was a farm laborer) Where Residing if not at place of death Fairfax 128 St
~~Married, Single~~ Widowed Name of Wife or Husband Johanna
Father's Name don't know Father's Birthplace don't know
Mother's Maiden Name don't know Mother's Birthplace don't know
Name of person giving Information Frank Deikman How related to deceased Son

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Senility & Chronic Bronchitis How long several years
Immediate Copious Bronchitis How long about 1 week
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician H. W. Wright
Address Center & Dill St. Bolton
Accident or Suicide

Schwartzs Cemetery

Aug. 28/08

Wm Spack.

502 E North
Av

Louder Park Cemetery -
Aug 18. 1905

Robt J Turner
Undertaker

Name in Full Dorothy Olga Dierksen		CERTIFICATE OF DEATH	
Died at Calumet <small>Town</small>		Balt <small>County</small>	
Date of death 1908 Aug 9 <small>Month Day</small>		Age 4 <small>Years Months Days</small>	
Sex Female	Color or Race White	Birth-place Calumet	
Occupation None		Where Residing if not at place of death	
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Nicholas Otto Dierksen	Father's Birthplace Balt Co		
Mother's Maiden Name Olga Alexander Bagley	Mother's Birthplace Pittsburg		
Name of person giving information Olga Dierksen	How related to deceased Mother		
CAUSES OF DEATH 105			
PHYSICIAN OR CORONER	Primary Enteric Colitis	How long 5 weeks	
	Immediate Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr L. M. H. H. H. H. H.	
		Address Calumet Mich	
Accident or Suicide? No			

June 10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1908		Aug		4		76	
Sex		Color or Race		Birth-place			
male		white		Balto.			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
widowed		Catherin Haskell					
Father's Name		Father's Birthplace					
William Dix		Balto					
Mother's Maiden Name		Mother's Birthplace					
Catherin Robinson		Balto					
Name of person giving information		How related to deceased					
Ella Bowers		Daughter					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	7 weeks
Immediate	Pulmonary Oedema	How long	6 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. L. James M.D.	
		Address	
		3419 Elliott St.	
		12th District	
Accident or Suicide?			

Mt. Carmel
Conn.

Henry J. Fox

8/6/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Nellie Mackenzie Dixon		Town Gurane		County Baile		MARYLAND	
Died at		Date of death		Age		Months	
		1908 Aug 12		4		5	
Sex Female		Color or Race White		Birth-place Gurane			
Occupation —				Where Residing if not at place of death			
Married, Single or Widowed Single				Name of Wife or Husband			
Father's Name Gunn Dixon				Father's Birthplace St Marys Co			
Mother's Maiden Name Vivie Mackenzie				Mother's Birthplace Baile			
Name of person giving information Gunn Dixon				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteric-Calculis	How long	3 wks.
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G W J Mackenzie	
		Address	
		Sta St.	
		City	
Accident or Suicide?			
No			

Mount Oliver Cemetery

Aug 14/00

Christian Miller
2334 Jefferson St

Balto Md

Name
in
Full

CERTIFICATE OF DEATH

John H Doman

Town

County

MARYLAND

Died at near Owings Mills Balto

Date of death 1908 Aug 1 Age 69

Months

Days

Sex Male Color or Race Colored

Birth-place Balto co Md

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of wife or Husband

Mary Doman

Father's Name

John H Doman

Father's Birthplace

Balto co Md

Mother's Maiden Name

Lydia Green

Mother's Birthplace

Balto co Md

Name of person giving information

Mary Doman

How related to deceased

wife

CAUSES OF DEATH

(27)

Primary

History of Distressing Cough & loss of flesh

How long

about 6 months

Immediate

Haemoptysis (spit & fresh case)

How long

about 10 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank W. Catlett M.D.

Address

Owings Mills
Maryland

(see note on back of card)

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Note

Death had resulted about half hour before my arrival, from rapid and profuse haemoptysis. The attack occurred while the man was at work sawing wood and he died before his wife could get him in the house from the wood pile near by.

History obtained from members of family indicates attack of grip last winter, followed by distressing cough and loss of flesh since. No physician had attended him for several years and he was able to work right along. Took "Lime remedies".

History of "heavy trouble" in family
Frank W. Henry
M.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDMargaret Dorschel
Died at *Baltimore*County *Baltimore*

MARYLAND

Date
of death 1908

Month

Aug.

Day

28

Years

Age *67*

Months

Days

Sex

*Female*Color or
Race*white*Birth-
place*Baltimore*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*William Dorschel*Father's
Name*Wallace*Father's
Birthplace*Scotland*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Scotland*Name of person giving
Information*Edward Dorschel*How related
to deceased*Son*

CAUSES OF DEATH

79

Primary

Chronic Myocarditis & Endocarditis

How long

Many years

Immediate

Cardiac Failure

How long

*Sudden termination*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. L. Wilkinson*

Address

Rosburg, Ind.

Accident or Suicide

PHYSICIAN
OR CORONER

Wm. Cook

502 E North Ave

Burial At.

Baltimore Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Anna M. Gosch

Town

County

MARYLAND

Died at

1551 S. Clinton St Baltimore

Date

of death

1908

Month

Aug

Day

24th

Years

Age 71

Months

11

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

1551 S. Clinton

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Andrew Gosch

Father's
Name

Fred Sauter

Father's
Birthplace

Germany

Mother's
Maiden Name

Anna M. Kayser

Mother's
Birthplace

Germany

Name of person giving
Information

James Seaton

How related
to deceased

Son-in-law.

CAUSES OF DEATH

106

Primary

Enteritis

How long

Three weeks

Immediate

Failure of Heart & Circulation

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Leo Karlsruher, MD

Address

1114 S. Chesapeake St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Cendell Dippell & Son.

Mt. Carmel
Cemetery -

Aug 26th 1908

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Pier #3 Canton

Town

Baltimore

County

Date

of death

1909

Month

Aug

Day

20

Years

Age

28

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Occupation

Foreman

Where Residing if not
at place of death

1145 N. Mott St. Ave

Married, Single
or Widowed

Married

Name of Wife or
Husband

Marria Luggan

Father's
Name

Unknown

Father's
Birthplace

Ireland

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

R. J. Mc Dorman

How related
to deceased

Nephew

CAUSES OF DEATH

164

Primary

Fractured Skull, due
to fall

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. S. Sudler M.D.

Address

3326 E. Baltimore St

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Am. Cook
Underlatten

Ship to Remains
Buffalo N. Y.

Aug 20/08.

Name
in
Full

Anna E. Eackles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

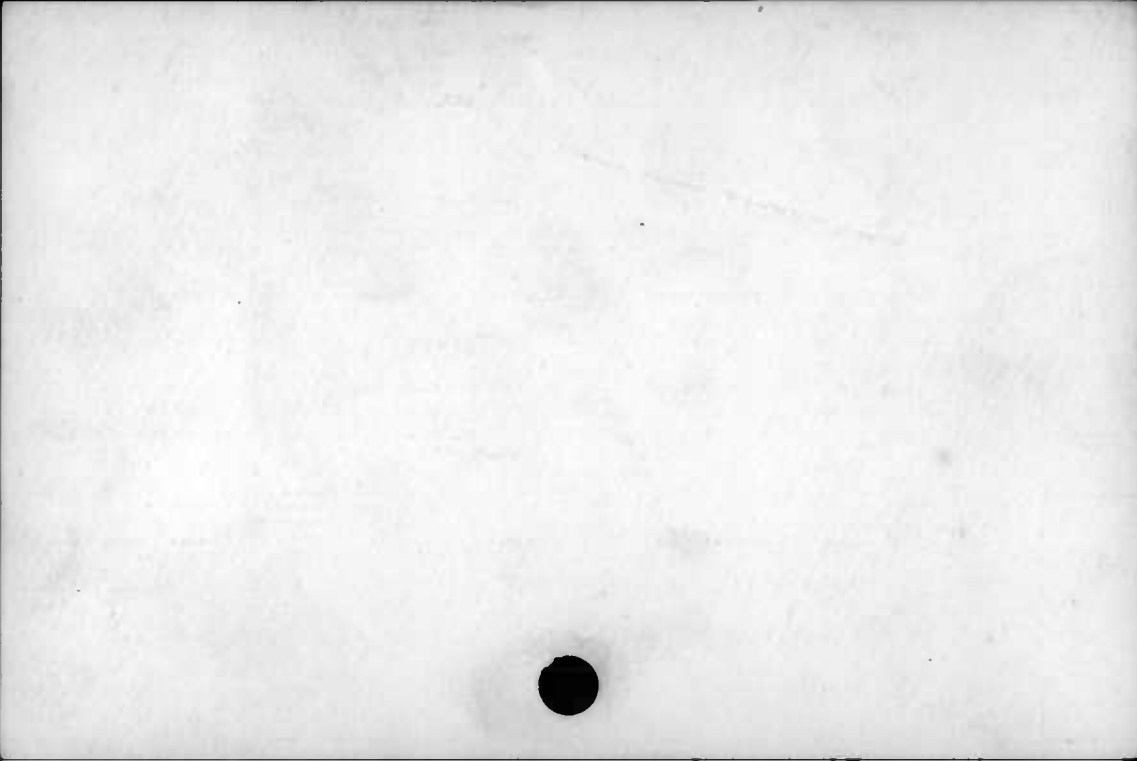
Died at <u>Grays</u> Town		County <u>Balto</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>1</u>	Age <u>20</u> Years	Months <u>6</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>near Grays.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Charles T. Eackles</u>	Father's Birthplace <u>West Virginia</u>				
Mother's Maiden Name <u>Lena Wiegand</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Lena Wiegand</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <u>Anteritis</u>	How long <u>one week</u>
Immediate <u>Invasion of intestine</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John B. Thomas MD</u>
<u>_____</u>	Address <u>Clinton City Md</u>
Accident or Suicide? <u>_____</u>	<u>_____</u>



Name in Full		Mary M. Eckart				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lowson		County		BALTO.		
	Date of death	1908	Aug	Day	6	Age	87	
	Sex	Female		Color or Race	White		Birthplace	Germany
	Occupation	None		Where Residing if not at place of death		Lowson		
	Married Single	Name of Wife		Unknown				
	Widowed	Husband						
	Father's Name	Don't know				Father's Birthplace	Unknown	
	Mother's Maiden Name	Don't know				Mother's Birthplace	Unknown	
Name of person giving information	Mrs. J. M. Watkins Esq.				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	General debility & old age				How long	2 weeks	
	Immediate	Cardiac Asthma				How long	24 hrs.	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				J. G. Foster Esq.			
				Address				
				Lowson				
				Md.				
Resident of Baltimore?								

H. C. Niedefeld
914 Greenwood
Prospect Hill Cemetery
Aug. 8th 1901

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Carl and Marguerite Eschtraut		Died at 3419 ^{Town} Myrtle Ave. ^{County} Balto		MARYLAND	
Date of death	1908	Month	Aug	Day	2 nd
Sex	Male	Color or Race	White	Age	Years
Occupation		Birth-place	Highlandtown	Months	Days
Where Residing if not at place of death					
Married Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Carl Eschtraut	Father's Birthplace	Germany		
Mother's Maiden Name	Marguerite Schenk	Mother's Birthplace	"		
Name of person giving information	Rosie Doehrmann	How related to deceased	Aunt		

CAUSES OF DEATH

Primary Malnutrition

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. S. Snyder, Coroner
3376 E. Balto StAccident or ~~other~~?

St. Paul Cemetery,
J. 4 Morning & Sun
Aug. 3/08.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoxville</i> ^{Town}		<i>Balto -</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month}	<i>Aug</i> ^{Day}	<i>19</i> ^{Year}	Age <i>—</i>	<i>2</i> ^{Months} <i>2</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>American</i>	
Birth-place	<i>Catoxville</i>				
Occupation	<i>none</i>		Where Reaiding if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Christian John Etemiller</i>			Father's Birthplace	<i>Balto. Md</i>
Mother's Maiden Name	<i>Catherine C Cocutger</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>Christian J Etemiller</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>6. mo. in uterus</i>
Immediate	<i>As thesia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. L. Board</i>	
		Address	
		<i>1302 W. Lombard st</i>	
Accident or Suicide			

Woodlawn Co
Jos B. Cook
Undertaker

Name
in
Full

Catherine Jane Fenimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balti</i>		MARYLAND	
Date of death <i>1908</i>	^{Month} <i>Aug</i>	^{Day} <i>12</i>	^{Years} <i>70</i>
Age <i>70</i> yrs		^{Months} <i>5</i>	^{Days} <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Balti Co</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>3313 E Balt St</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James J Fenimore deceased</i>		
Father's Name <i>Walter Wood</i>	Father's Birthplace <i>America</i>		
Mother's Maiden Name <i>Elizabeth Murry</i>	Mother's Birthplace <i>Balti Co</i>		
Name of person giving Information <i>Sarah A Jones</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

Primary Cause of Death <i>(Left) Haemophilia by a fall. ^{superinduced}</i>	How long <i>1 yr</i>
Immediate Cause of Death <i>Pulmonary Oedema</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Sudler</i>
	Address <i>3326 E Balt St</i>
Accident or Suicide <i>Accident</i>	

PHYSICIAN
OR CORONER

3 00 2771

Mt Carmel

Thursday Aug 14, 08

Rob T Turner

Name In Full		Henry Fette				CERTIFICATE OF DEATH	
Died at		Town 4760 Park Ave Baltimore		County		MARYLAND	
Date of death		Month Aug	Day 13	Years 72	Months 16	Days 25	
Sex Male		Color or Race White		Birth-place Germany			
Occupation Shoemaker		Where Residing if not at place of death 4760 Park Ave Baltimore					
Married, Single or Widowed Married		Name of Wife or Husband Mrs. Geraldine Fette					
Father's Name Ralph Fette		Father's Birthplace Germany					
Mother's Maiden Name Not known		Mother's Birthplace Germany					
Name of person giving information Harry Fields		How related to deceased Brother-in-law					
CAUSES OF DEATH							
Primary		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">112</div> <p>Hyperthymic purpura, Erysipelas, Acute, Valvular Heart Disease, Craniotomies. Kept since then.</p>					
Immediate		<p>Uremia, Convulsions.</p>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
yes		W M Lewis M.D.		1220 Linden Ave Baltimore			
Accident or Suicide?		no					

Bacto. Cam.

Aug. 16th 1908

G. F. Walker

723 W Lafayette ave

Name
in
Full

Arnold G. Fish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Mans</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>aug</i>	Day <i>4</i>	Age <i>—</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Fish</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Hare</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Samuel Fish</i>		How related to deceased <i>father</i>			

Scalding by hot tea

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Accident (Burn)</i>	How long <i>1 day</i>
Immediate <i>Toxemia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. S. M. Kieffer</i>
	Address <i>Monell Park</i>
Accident or Suicide?	

100



Name
in
Full

Mary Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marriottsville</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>Aug</u>	Day <u>6</u> th	Age <u>76</u> Years	Months <u>6</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Married, Single or Widowed	<u>Married</u>		Occupation <u>Housewife</u>		
Name of Wife or Husband <u>John Plummer</u>					
Father's Name <u>Deason</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>A. Crane</u>			How related to deceased <u>Son in law</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Euremia</u>	How long	<u>Three days</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. H. Ward, M.D.</u>	
<u>yes.</u>		Address <u>Harrisonville</u>	
Accident or Suicide?		<u>Balto. Co. Md.</u>	

(10)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pittsboro</i>		Town		<i>Balto</i>		County	
Date of death <i>1908</i>		Month <i>aug</i>		Day <i>7</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto. co. Md</i>		Months <i>3</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		MARYLAND	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Mr. F. Fuller</i>		Father's Birthplace <i>Balto co. Md</i>	
Mother's Maiden Name <i>Laura V. Brown</i>		Name of person giving Information <i>Mr. F. Fuller</i>		Mother's Birthplace <i>Balto. co. Md</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>10 days</i>
Immediate	<i>Cerebral complications</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos Price</i>	
		Address <i>Seymour Ma</i>	
Accident or Suicide			

Swiss Cemetery

E. D. Selby

Name
in
Full

Waisey Gamble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>P. Danvers Heights</i>		Town <i>P. Danvers</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>8</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto Co. Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>						
Mother's Maiden Name <i>Jennie Gamble</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Maria Gamble</i>	How related to deceased <i>Grandmother</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Transition</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August W. Miller, Coroner</i>
	Address <i>Md Winans</i>
Accident or Suicide? <i>—</i>	<i>Balto Co. Md 13</i>

Nicholas Fink

Gambel's Burial
Ground

Anna Arnold &
Med.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rolland Park</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>August</i>	Day	<i>25</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Years	<i>—</i>
Occupation	<i>None</i>	Where Residing if not at place of death	<i>Plan 7 death</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Franklin Gant</i>			Father's Birthplace	<i>Washington D.C.</i>
Mother's Maiden Name	<i>Jane McKinsie</i>			Mother's Birthplace	<i>Balto Co. Md</i>
Name of person giving information	<i>G. A. Johnson</i>			How related to deceased	<i>Not related</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Summer diarrhoea</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. Elmer Porter</i>
		Address	<i>Rolland Park Md</i>
Accident or Suicide?	<i>No</i>		

(Zion - Cemetery) Bolonia Aus
Aug 26, 88

A. S. Marshall
3539 Fall Road

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		Aug	15	6 mos	6 mos		
Sex		Color or Race		Birth-place			
Boy		Colored		Crownsville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Johnson Garrett				Crownsville			
Mother's Maiden Name				Mother's Birthplace			
Viola Fletcher				Crownsville			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Also - Catarrh	3 weeks
Immediate	How long
Chancery - 1 year	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Frederic V. Britton
	Address
	Stalworth
Accident or Suicide?	

undertaken

Robert-A Elliott

506 Rogers Ave —

— Crowdenville

Name in Full *Norman H. E. Gartside*

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Colgate</i> Town		<i>Baltimore</i> County			
Date of death <i>1905</i>	Month <i>May</i>	Day <i>4</i>	Age <i>—</i>	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Colgate Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Robert M Gartside</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Hilda E Schindler</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Robert M Gartside</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

Primary	<i>Cholera Infantum</i>	How long	<i>1 month</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J Chas Beck</i>	
		Address <i>1301 Patterson Plc</i>	
Accident or Suicide?		<i>Avr</i> <i>12</i>	

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Western Cemetery -
Aug 4/08

Ralph Turner -
Broadway &
Oliver.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John H. Geiger		Town Lansdowne		County Baltimore		State MARYLAND	
Died at		Date of death 1908 Aug 12		Age 31		Months - Days -	
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation Window Cleaner		Where Residing if not at place of death Lansdowne					
Married, Single or Widowed Married		Name of Wife or Husband Marie Kueper					
Father's Name John Geiger		Father's Birthplace Balto.					
Mother's Maiden Name Mary Kueper		Mother's Birthplace Baltimore					
Name of person giving information Marie Geiger		How related to deceased Wife					

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary Hepatic Abscess	How long 6 weeks
Immediate Exhaustion	How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank H. Ruhl
	Address Lansdowne, Md
Accident or Suicide? No	

Thos Cook.

Baltimore Tenn,

Shorefield

Name
in
Full

Henry Harrison Geist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908 Aug 11</i>		Month <i>Aug</i>		Day <i>11</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>York Pa</i>		Months	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>3408 Gough St</i>		Years		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna J Geist</i>		Father's Name <i>Henry H Geist</i>		Father's Birthplace <i>York Pa</i>	
Mother's Maiden Name <i>Sarah J Smith</i>		Mother's Birthplace <i>York Pa</i>		Name of person giving information <i>Sarah J Geist</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonaria</i>	How long <i>4 mo</i>
Immediate <i>Exhaustion</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas L. Edwards</i>
	Address <i>3 and Gough</i>
Accident or Suicide? <i>No</i>	<i>12th Dist Highlandtown Md</i>

H. I. Hughes
undertake

to ship Remains to
York Pa.

Name in Full		Ernest Henry Getz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Orleans St. East		Baltimore County		MARYLAND	
	Date of death	1908	Aug 9 th	9 th	Age	3	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Phila Rogetz Baltimore	
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Geo E Getz		Father's Birthplace		Md	
	Mother's Maiden Name	E. L. Koenig		Mother's Birthplace		Md	
	Name of person giving information	Fred Getz		How related to deceased		Brother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">105</div>							
PHYSICIAN OR CORONER	Primary	Chol Intoxication				How long	3 weeks
	Immediate	Chol Intoxication				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					E W Jarney, M.D. 304 Bank St. East		
Accident or Suicide?							

Baltimore Conn

Aug 12/08

J. Sander & Son

Name
in
Full

Richard T. Gilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

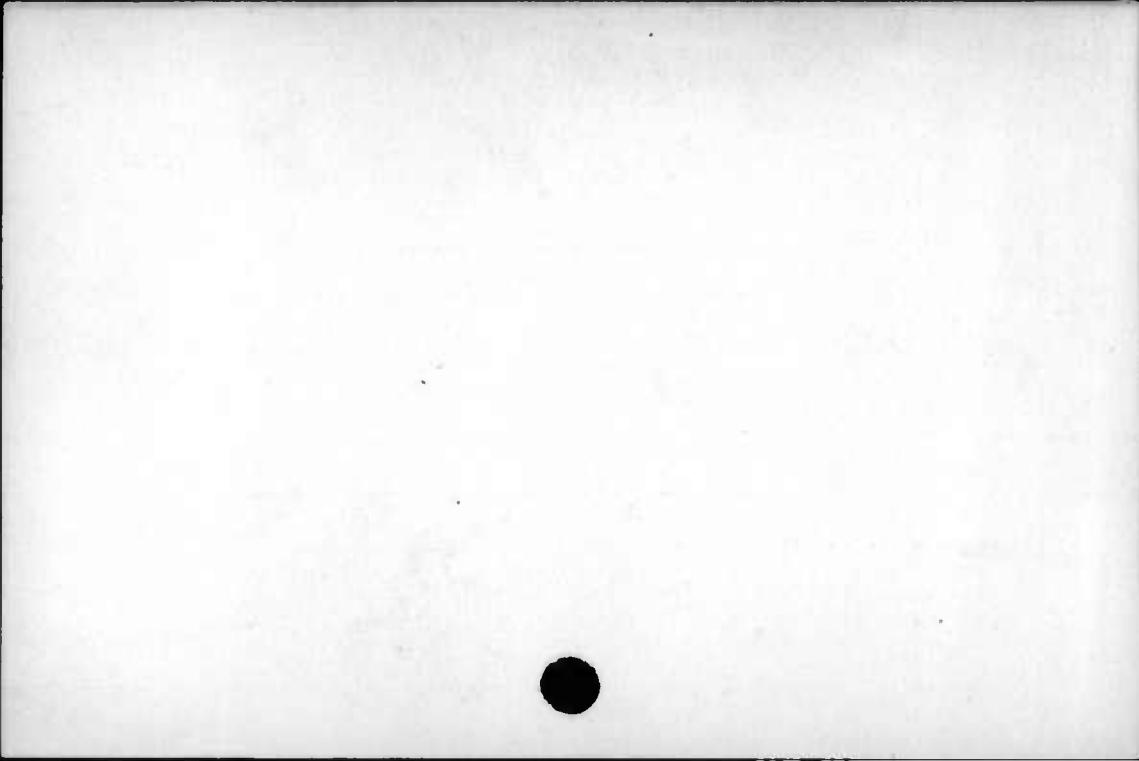
Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>23</i>	Age <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>		
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Pikesville Md</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robert Gilmer</i>	Father's Birthplace <i>Md</i>			Mother's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Miss Howard</i>	Name of person giving information <i>H. H. Mathews</i>			How related to deceased <i>None</i>	

CAUSES OF DEATH

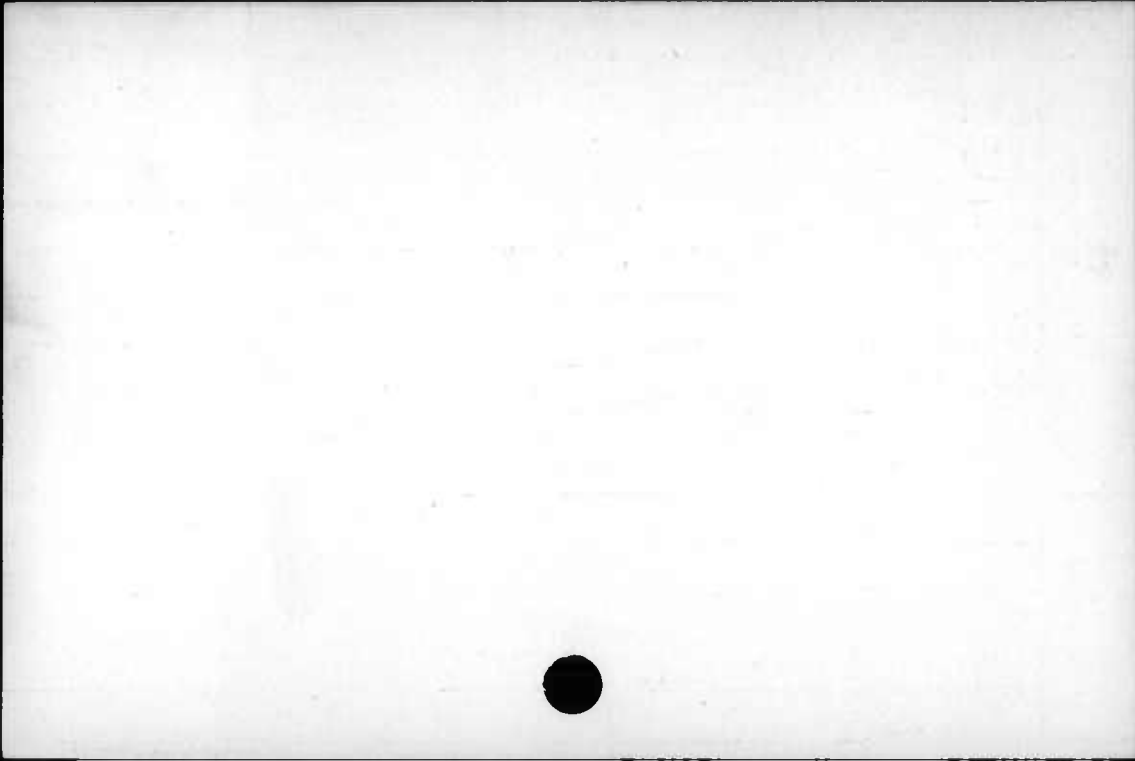
106

PHYSICIAN
OR CORONER

Primary <i>Gastro-Intestines</i>	How long <i>several mth.</i>
Immediate <i>Exhaustion</i>	How long <i>" week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Myer</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full Joe Gelsbo						CERTIFICATE OF DEATH	
Died at Alt Airba Town		Balto. County				MARYLAND	
Date of death 1908 Month Aug		Day 17		Age		Months 16	Days
Sex Male		Color or Race white				Birth-place Balto.	
Occupation infant				Where Residing if not at place of death Balto.			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name C.				Mother's Birthplace "			
Name of person giving Information				How related to deceased "			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em;">105</div> </div>							
Primary		1 lb - colitis				How long 5 weeks	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Henrietta M. Thomas M.D.			
				Address Alt Airba.			
Accident or Suicide?							



Name
in
Full

Harry Goldblum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

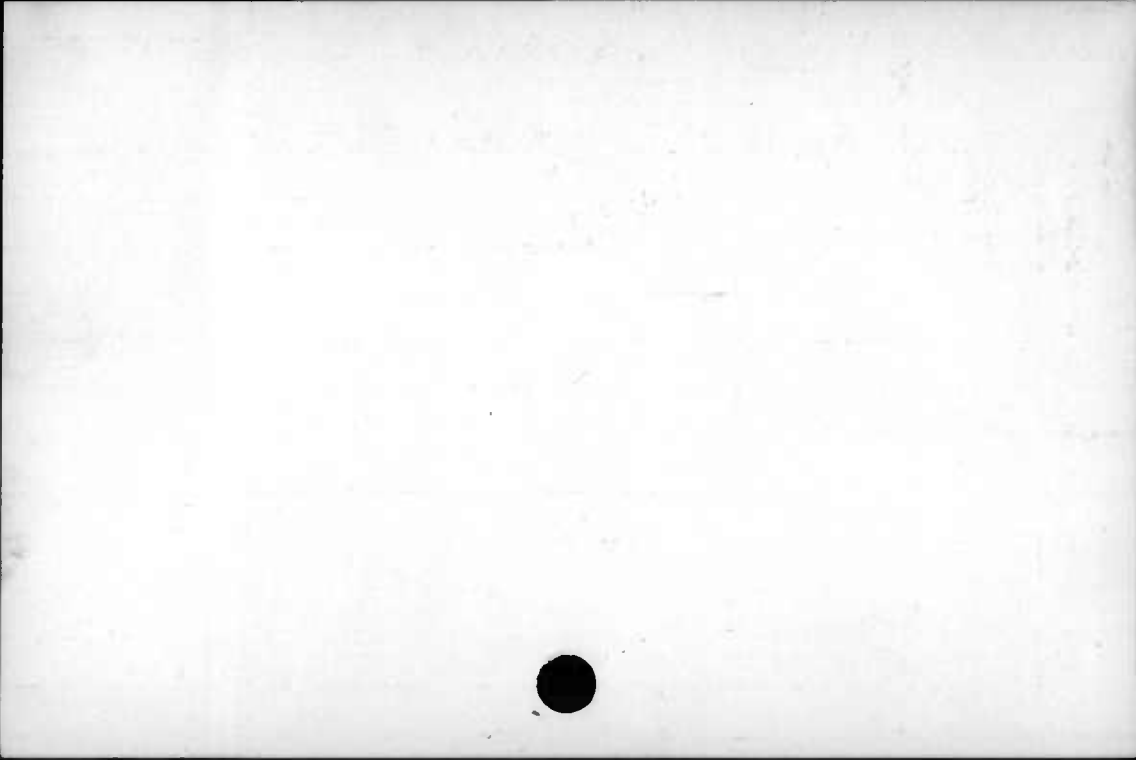
Died at		Town		County		MARYLAND	
Date of death		1908	Month	Aug	Day	8	Age
Sex		Male		Color or Race		White	
Occupation		Infant		Where Residing if not at place of death		Balto	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		I.		Mother's Birthplace		I.	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Mammary	How long	2 hrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

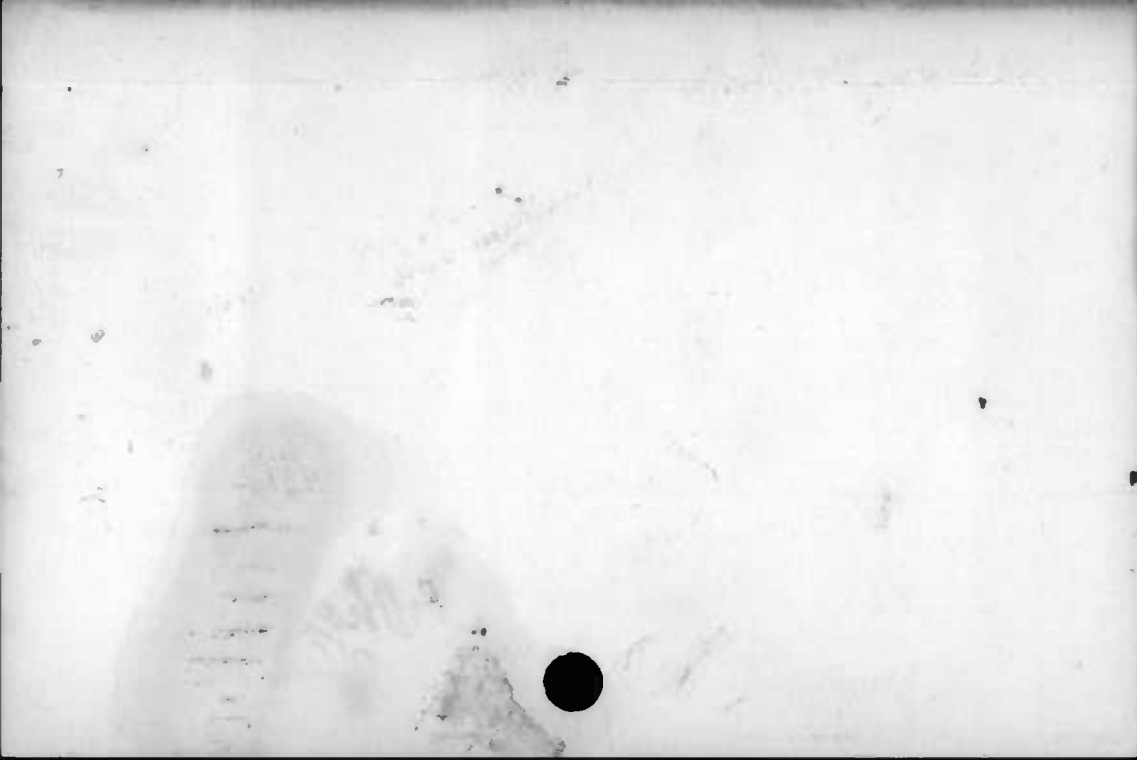
Joseph Goldring
Baltimore Co. Alleshouse
Died at
Date of death 1908 8 16 Age about 63 yrs.
Sex Male Color or Race Negro Birth-place Unknown
Occupation Unknown Where Residing if not at place of death above
Married, Single or Widowed Unknown Name of Wife or Husband Unknown
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving information Alleshouse Register How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long Unknown
Immediate
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. Thos. B. Bussey
Address
Accident or Suicide? No old district Md. 8



Name
in
Full*Hector Gouff*

CERTIFICATE OF DEATH

Town *Howardville*

County

Baltimore

MARYLAND

Died at *4.10 P.M.*

Date

of death *1908*

Month

August

Day

27

Age

Years

9

Months

9

Days

14

Sex

*Male*Color or
Race*White*Birth-
place*Howardville*

Occupation

*Student*Where Residing if not
at place of death*at home*Married, Single
or Widowed*single*Name of Wife or
Husband*—*Father's
Name*Henry Gouff*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Annie May Gouff*Mother's
Birthplace*Baltimore Co..*Name of person giving
Information*Henry Gouff*How related
to deceased*father*

CAUSES OF DEATH

79

Primary

Heart's disease

How long

3 years.

Immediate

Heart failure

How long

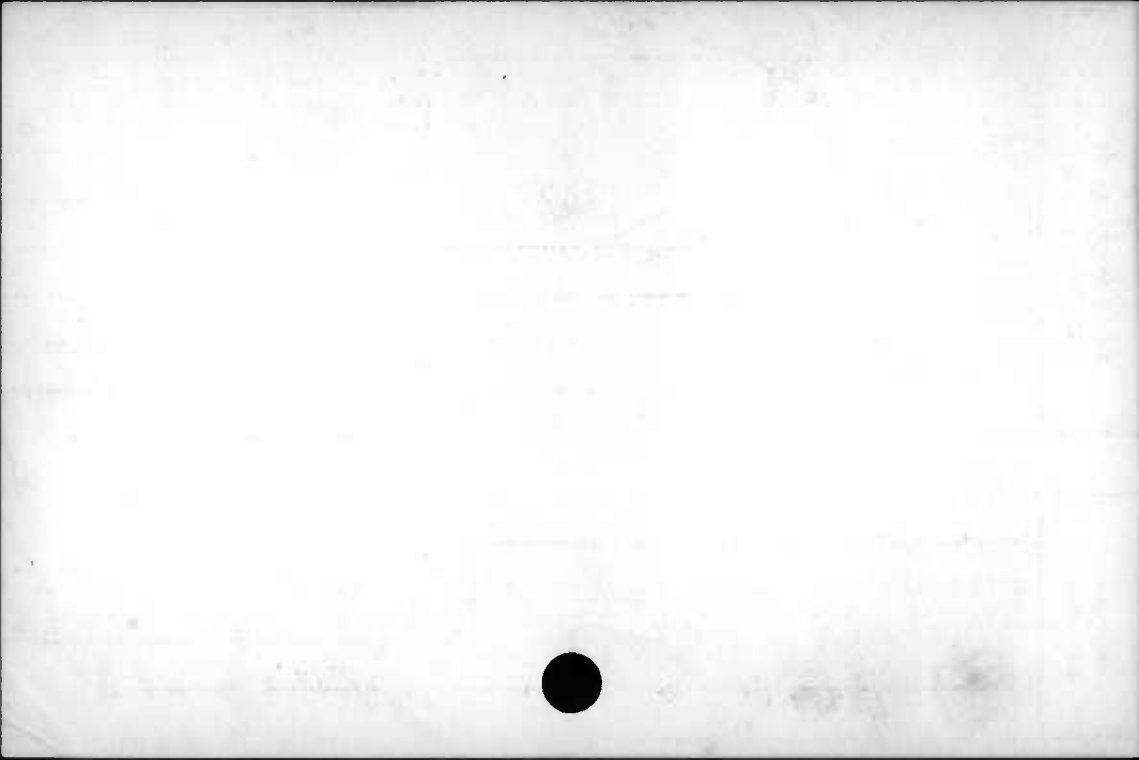
*Two days.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*William P. Hill*

Address

Acilington. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Grason		Town Towson		County Balto.		MARYLAND	
Died at		Date of death 1908 Aug		Day 23	Age 57	Months 11	Days 9
Sex Male		Color or Race white		Birth-place Elkton Cecil Co. Md.			
Occupation Lawyer.		Where Residing if not at place of death Towson					
Married, Single or Widowed Married		Name of Wife Ida May Grason					
Father's Name Richard Grason		Father's Birthplace Md.					
Mother's Maiden Name Sallie Ridgely		Mother's Birthplace Md.					
Name of person giving information C. Gus Grason		How related to deceased Son					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Bright's	How long	36 hours
Immediate	Cardiac Asthma	How long	7 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. Gossett Greenwald.	
		Address Towson Md.	

John Burns Stone
Towson

Prophet Hill Cemetery
Towson

Name
in
Full

Sarah R. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

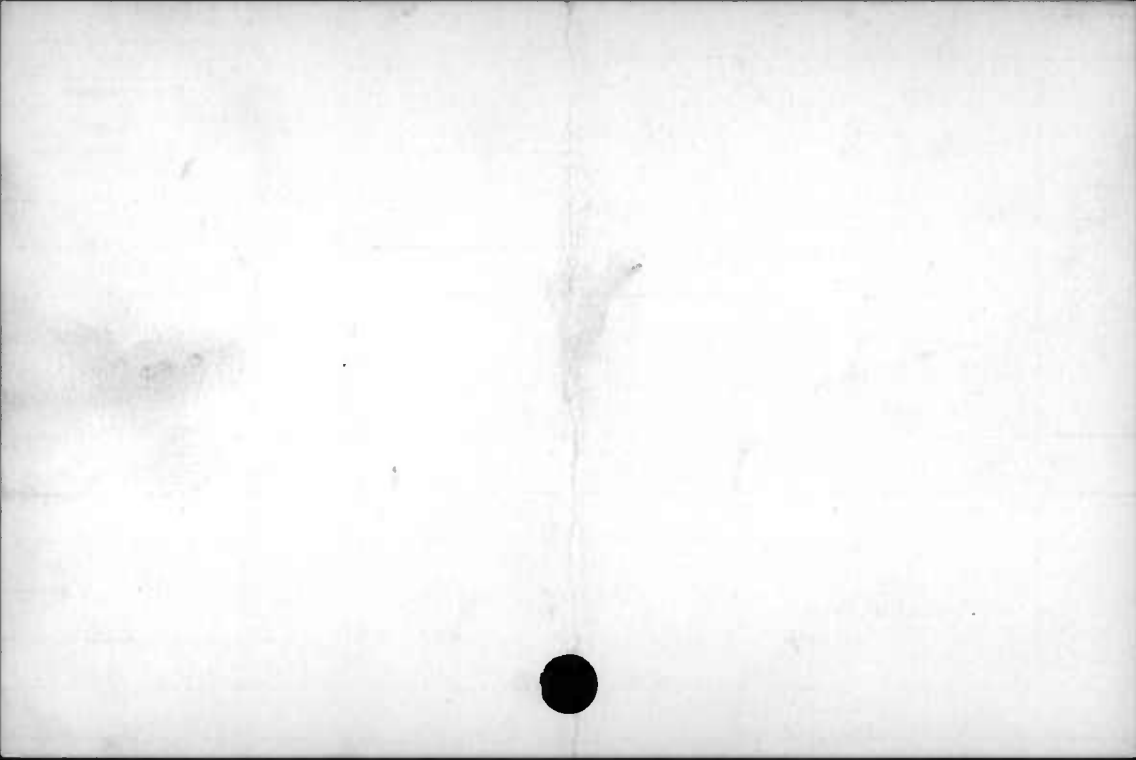
Died at		Town <i>Gittings</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug.</i>	Day <i>30</i>	Age <i>76</i>	Years	Months <i>15</i>	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Pennsylvania</i>			
Occupation <i>_____</i>				Where Residing if not at place of death <i>at place of death.</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Widow Husband <i>Joshua R. Green</i>					
Father's Name <i>Moses I Rankin</i>				Father's Birthplace <i>Pennsylvania</i>			
Mother's Maiden Name <i>Sarah R. Semmell</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>John S. Green</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Cholera Morbus</i>	How long <i>2 weeks</i>
Immediate <i>Gastro Enteritis</i>	How long <i>One week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>John S. Green</i>	
Address <i>Gittings, Md.</i>	
Accident Caused?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay View Asylum</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908 Aug 26</i>		Month <i>Aug</i>		Day <i>26</i>		Age <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Dresser</i>		Where Residing if not at place of death <i>721 W. Germany St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wilhelmina Gross</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mrs Olga Corning</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

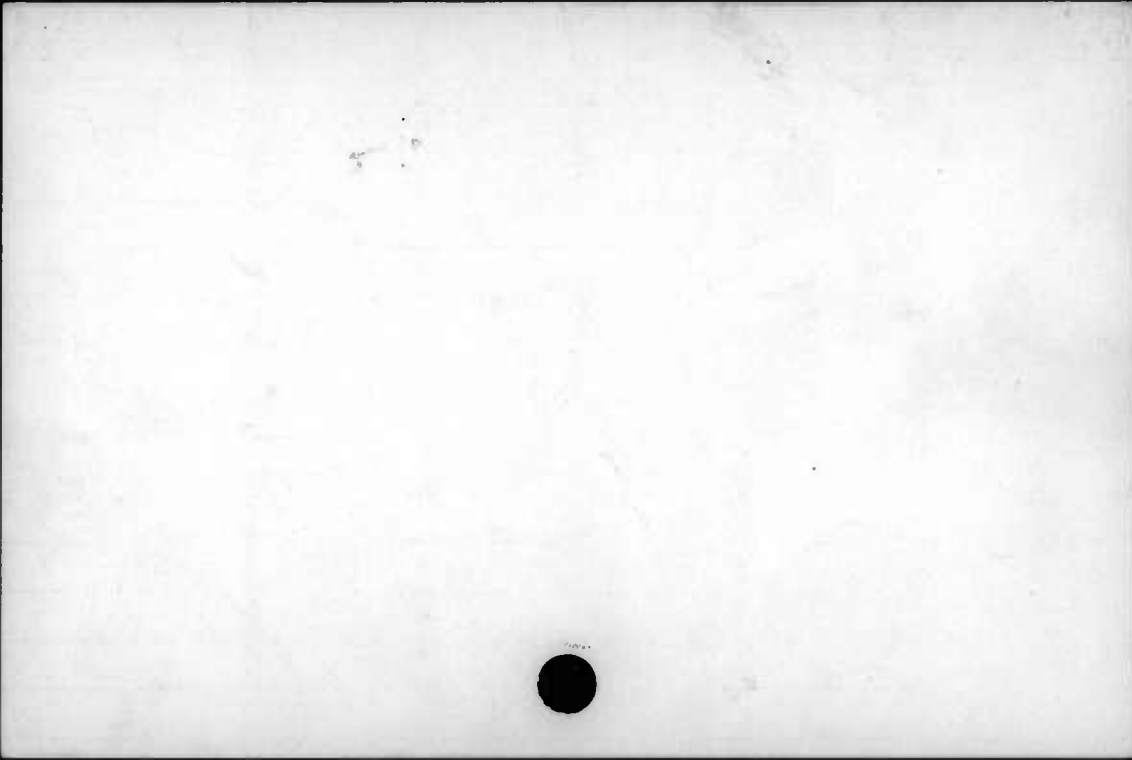
164

PHYSICIAN
OR CORONER

Primary	<i>Fracture of skull</i>	How long	
Immediate	<i>due to blow</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. S. Sudler</i>	
		Address <i>3326 E. Baltimore St.</i>	
Accident or Suicide? <i>Accident</i>			

J. Ahrens & Co
Aug. 28th 1908
4"
Western Cemetery

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Trenton		Baltimore		MARYLAND			
		Date of death		1908	Month 8	Day 22	Age	Years X	Months X	Days 20	
		Sex	Male		Color or Race	White		Birth-place	Trenton, Md.		
		Occupation	X		Where Residing if not at place of death		Trenton Md.				
		Married, Single or Widowed	Single		Name of Wife or Husband		X				
		Father's Name	Jas. Lee Hale					Father's Birthplace	Green Run, Md.		
PHYSICIAN OR CORONER	Mother's Maiden Name	Edna Rodonia Jackson					Mother's Birthplace	Hampstead, Md.			
	Name of person giving information	Edna D. Jackson Hale					How related to deceased	Mother			
	CAUSES OF DEATH						151				
	Primary	Calamitous homicide					How long	2 wks.			
Immediate	Heart Failure					How long	24 hrs.				
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?					Yes					
	Signature of Physician					Edgar M. Bush					
	Address					Hampstead, Md.					
Accident or Suicide?		X									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Leonoville		Baltimore			
Date of death		1908	Month	Aug	Day	18	Age
				Years		62	
Sex		Male		Color or Race		Cauc	
Occupation		Labourer		Where Residing if not at place of death		X	
Married, Single or Widowed		Married		Name of Wife or Husband		Lunk	
Father's Name		Lunk		Father's Birthplace		Lunk	
Mother's Maiden Name		Lunk		Mother's Birthplace		Lunk	
Name of person giving information		-		How related to deceased		-	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	4 mos
Immediate	Chronic Brights Disease	How long	4 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Ray Nade	
Address		Leonoville, Md	
Accident or Suicide?		No	

John E Hough Co
Belair
Md

Name In Full		Daisy B. Hammelbacher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town 3835 Orleans St	County Baltimore	MARYLAND		
		Date of death		Month Aug	Day 17	Years 38	Months	Days
		Sex	Female		Color or Race	White		Birth-place
		Occupation	Housewife		Where Residing if not at place of death		Baltimore	
		Married, Single or Widowed	Married		Name of Wife or Husband	John Hammelbacher		
Father's Name		James Diamond			Father's Birthplace	Baltimore		
Mother's Maiden Name		Sarah J. Shaffer			Mother's Birthplace	Baltimore		
Name of person giving information		Sarah Diamond			How related to deceased	Mother		
		CAUSES OF DEATH				178		
PHYSICIAN OR CORONER		Primary		Cardiac Syncope		How long		
		Immediate		Coronary		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. J. Dwyer M.D.		
		Address		3326 E. Baltimore St.				
Accident or Suicide?		Accident				17		

Christian Miller
2334 Jefferson St
1st Evangelical Cemetery
Aug 6/08 10 am

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Fannie F Hammond*

Died at *Roland Park* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date of death 190*8* Month *August* Day *5* Age *44* Years *6* Months *1* Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Married, ~~Single~~ *Single* Occupation *wife*

Name of Wife or Husband *William R Hammond*

Father's Name *John Pomp* Father's Birthplace *Holland*

Mother's Maiden Name *not known* Mother's Birthplace

Name of person giving information *Mr W. R. Hammond* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Mitral disease of heart* *How long* *Two years*

Immediate *Embolism* *How long* *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. B. Britton M.D.*

Address *1711 E. Baltimore St.*

Edgar Britton Accident or Suicide? *1711 E. Baltimore St.*

Please grant Permit
to bury in Sned
Ridge Cemetery and
oblige Stewart Howell
Aug 5/08

Name
in
Full

William Hammond

CERTIFICATE OF DEATH

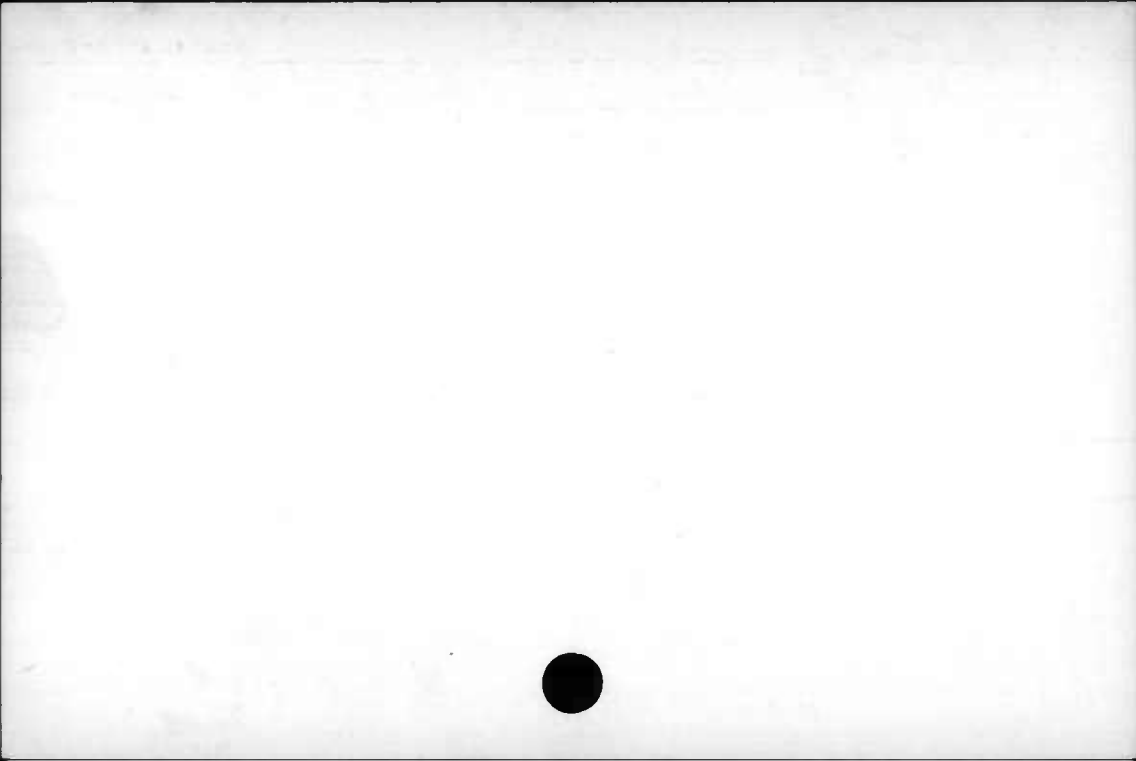
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reston</u> ^{Town}		<u>Batts</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u> ^{Month} <u>aug</u> ^{Day} <u>30</u> ^{Years}	Age <u>—</u>	Months <u>3</u>	Days <u>—</u>		
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Reston Batts co Md</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Huaband <u>—</u>				
Father's Name <u>Robert E Hammond</u>	Father's Birthplace <u>Batts co Md</u>				
Mother's Maiden Name <u>Clara M. Griffith</u>	Mother's Birthplace <u>Batts co Md</u>				
Name of person giving Information <u>Robert E Hammond</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteritis</u>	<u>105</u> ^{How long}	<u>1 wk</u>
Immediste	<u>—</u> ^{How long}	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J M Slade</u>	Address <u>Reston</u>
Accident or Suicide		



Name
in
Full

Beda Irene Harr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

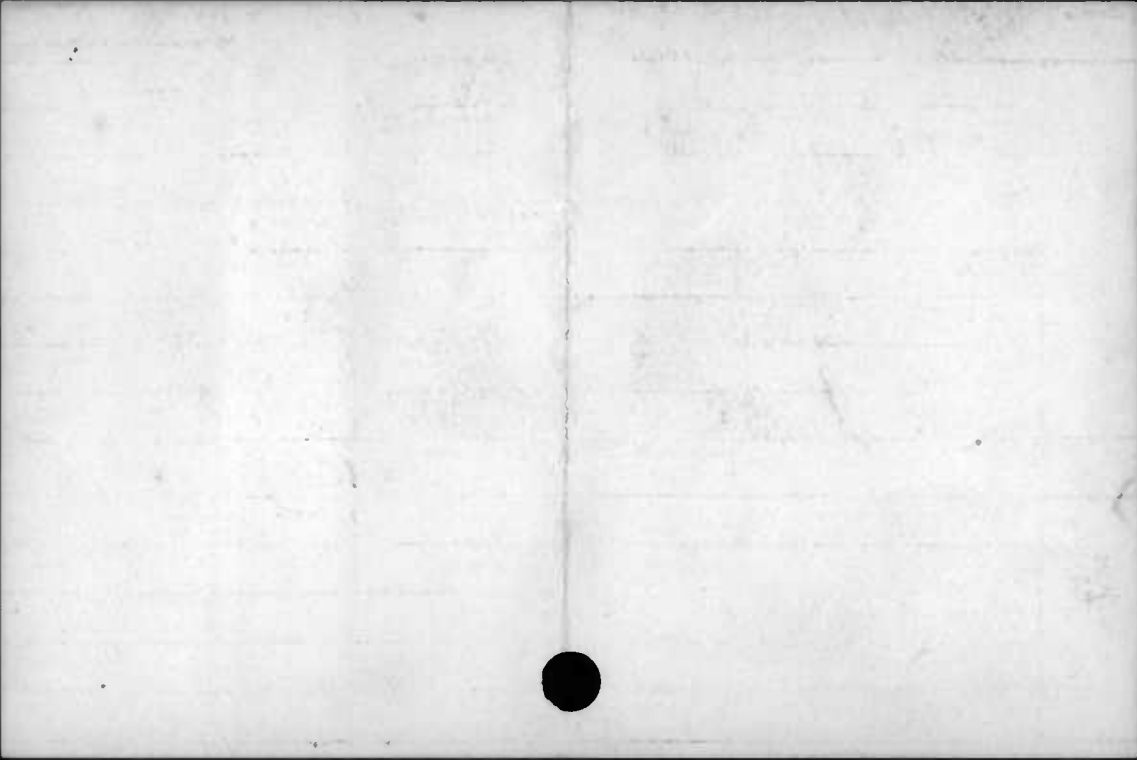
Died at <i>Buckleysville</i>		County <i>Ballo-</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>16</i>	Age	Months <i>2</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Buckleysville Ind</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles E Harr</i>			Father's Birthplace <i>Alusia Ind</i>		
Mother's Maiden Name <i>Ermina Victoria Harr</i>			Mother's Birthplace <i>Buckleysville Ind</i>		
Name of person giving information <i>Charles E. Harr</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10 days</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. D. W. Rish</i>
	Address <i>Hampstead Ind.</i>
Accident or Suicide?	<i>5</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridge</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1901	Month	8	Day	28
Age	13	Years	8	Months	
Sex	Male	Color or Race	White	Birth-place	Delaware
Occupation	Child	Where Residing if not at place of death		<i>Bridge</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Harry Hamilton</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Mary Brugh</i>			Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Harry Hamilton</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Cholera Morbus</i>	How long	
Immediate	<i>Gastro Enteritis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Thos. C. Pursey</i>
		Address	<i>Texas</i>
Accident or Suicide?	<i>No</i>		<i>Md.</i>

Funeral at Texas
Monday 31st

M. C. Brooks

Name
in
Full

Sarah R Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1908	Month Augt.	Day 9	Age	Years 50	Months	Days
Sex	Female		Color or Race	Cauc		Birth-place	Maryland
Occupation	Laundress			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Jacob Hawkins				
Father's Name	Mr. Eliason					Father's Birthplace	St Michael's
Mother's Maiden Name	Unknown					Mother's Birthplace	" "
Name of person giving information	And. Fisher					How related to deceased	" "

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	5 mos
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	N. R. Garry M.D.
		Address	Catonsville Md.
Accident or Suicide?	1st District 73rd Co.		

No 2. Jones ave.

Name

in
Full

CERTIFICATE OF DEATH

James Thomas Heathcote

Town

County

Died at

Maryland Line

MARYLAND

Date

of death 1908 Aug.

Month

Day

27

Age

Years

46

Months

7

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Heathcote

Father's
Birthplace

England

Mother's
Maiden Name

Mary Whitaker

Mother's
Birthplace

England

Name of person giving
Information

Inez H. Atkinson

How related
to deceased

CAUSES OF DEATH

91

Primary

Chronic Bronchitis

How long

10 years

Immediate

Asthma, Emphysema and right heart dilatation

How long

About 15 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

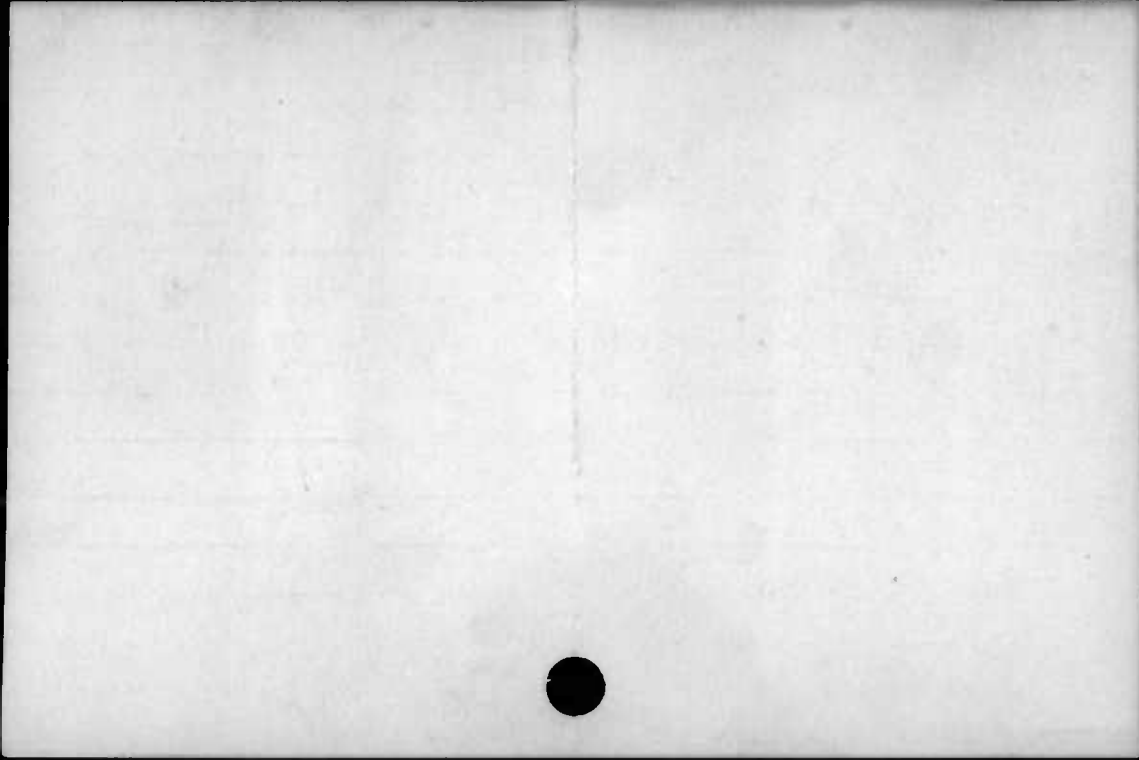
Milton C. Deenick, M.D.

Address

Shrewsbury Pa.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	August	Day	21
		Years	38	Months	
Sex	Male		Color or Race	W.	
Occupation	Laborer		Birth-place	Baltimore City	
Where Residing if not at place of death			232 3rd St Highlandtown		
Married, Single or Widowed	Single		Name of Wife or Husband	Annie Heikel	
Father's Name	Chas. Heikel		Father's Birthplace	Baltimore City	
Mother's Maiden Name	Elizabeth Snyder		Mother's Birthplace	Germany	
Name of person giving information	Annie Heikel		How related to deceased	Sunt.	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>		How long	<i>8 mos</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>Dr. L. P. ...</i>		
Address		<i>3rd St. ...</i>		
Accident or Suicide?		no		

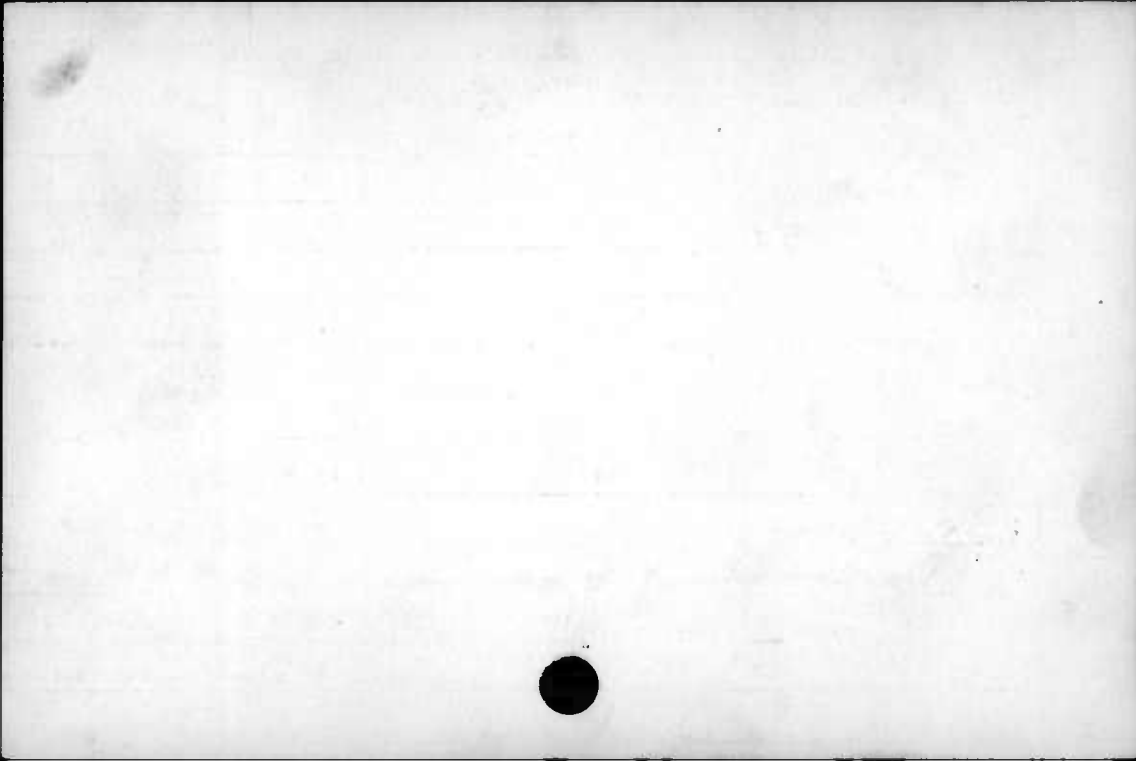
H. E. Hughes.

Mt. Carmel

Sunday -

Aug 23/08

Name in Full Joseph Edward. Henson		Town Mt Agnessville		County Balto.		CERTIFICATE OF DEATH MARYLAND	
Died at 1908		Month 8		Day 11		Age 18	
Date of death		Months 6		Days —			
Sex Male		Color or Race white		Birth-place Laural. Md.			
Occupation laborer.		Where Residing if not at place of death Sextonsville Balto					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name William Henson		Father's Birthplace Md.					
Mother's Maiden Name Elizabeth Englehardt		Mother's Birthplace Md.					
Name of person giving information William Henson		How related to deceased Brother					
CAUSES OF DEATH 176							
Primary Pistol shot wound.		How long 3 Hours					
Immediate Bullet in Brain		How long " "					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician August W. Miller		Address M. V. inians			
Accident or Suicide? Homicide		Balto. Md.				13	



Name
in
Full

Elnora F. Herman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>August</u> ^{Month}	<u>22</u> ^{Day}	Age <u>1</u> ^{Years}	<u>22</u> ^{Months}
Sex <u>Female</u>	Color or Race <u>Wh - American</u>	Birth-place <u>Balt City</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>142 Maryland Ave Westport</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Andrew Herman</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Mary C Gothard</u>	Mother's Birthplace <u>Balt City</u>				
Name of person giving information <u>Andrew Herman</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis</u>	How long <u>10 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Lurupkin</u>
	Address <u>653 Columbia Ave</u>
	<u>13th District</u>
Accident or Suicide?	

Holy Cross Cemetery
Aug 24th / 08.

Wm Pook.
572 E North ave
East end.

Name
in
Full

Muriel Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

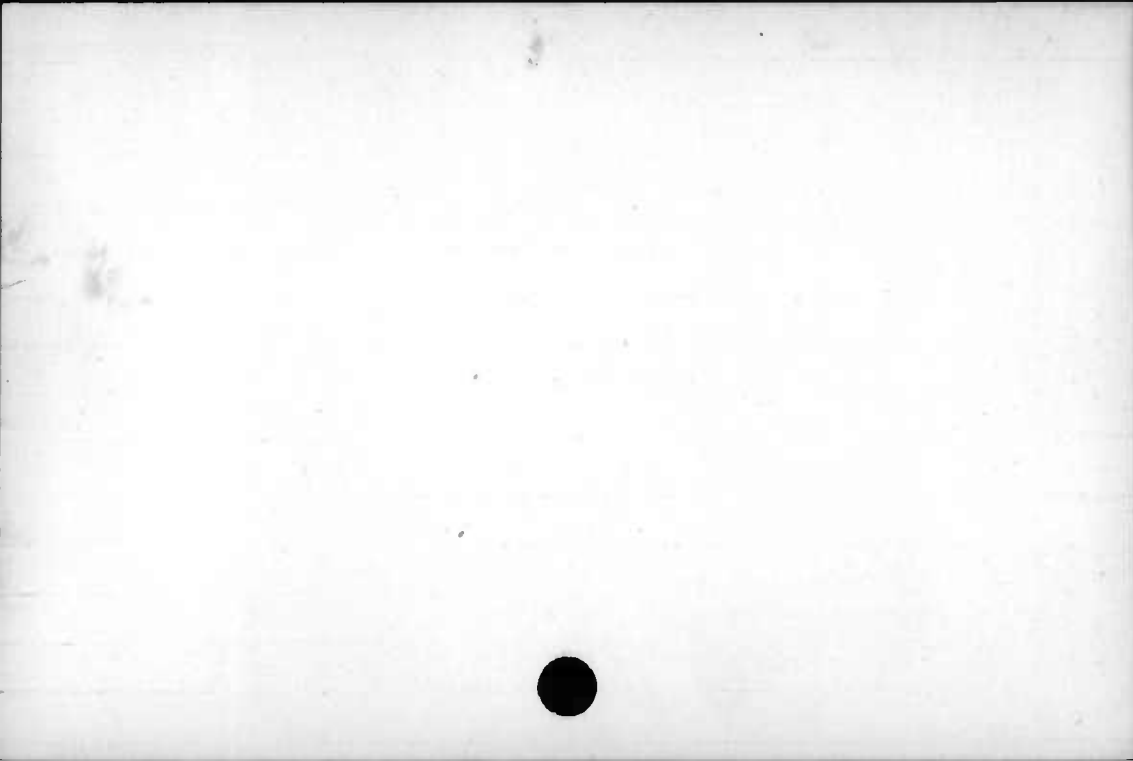
Died at <i>msw dca</i>		County <i>Balt</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>15</i>	Age	Years	Months <i>5</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Balt</i>		
Occupation <i>h. work</i>			Where Residing if not at place of death <i>Balt.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>3 mos</i>
Immediate <i>Stomach</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Green Jr</i>
	Address <i>msw dca, Md.</i>
Accident or Suicide?	



Name in Full		Lena Ida Hoffman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton ^{Town}		Balto. ^{County}		MARYLAND	
	Date of death	1908	Aug	6 th	Age	9	3
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Balto. Co.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Frank Hoffman				Father's Birthplace	Balto. Md.
	Mother's Maiden Name	Annie Gress				Mother's Birthplace	Co.
Name of person giving information	Frank Hoffman				How related to deceased	Father.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Enteritis				How long	out one week
	Immediate	Exhaustion & Toxin				How long	sent 24 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		
					Address		
					Canton & Dillen Sts.		
Accident or Suicide?							

105

Sacred Heart Cemetery

Aug 7th 1908

Lilly and Zeiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

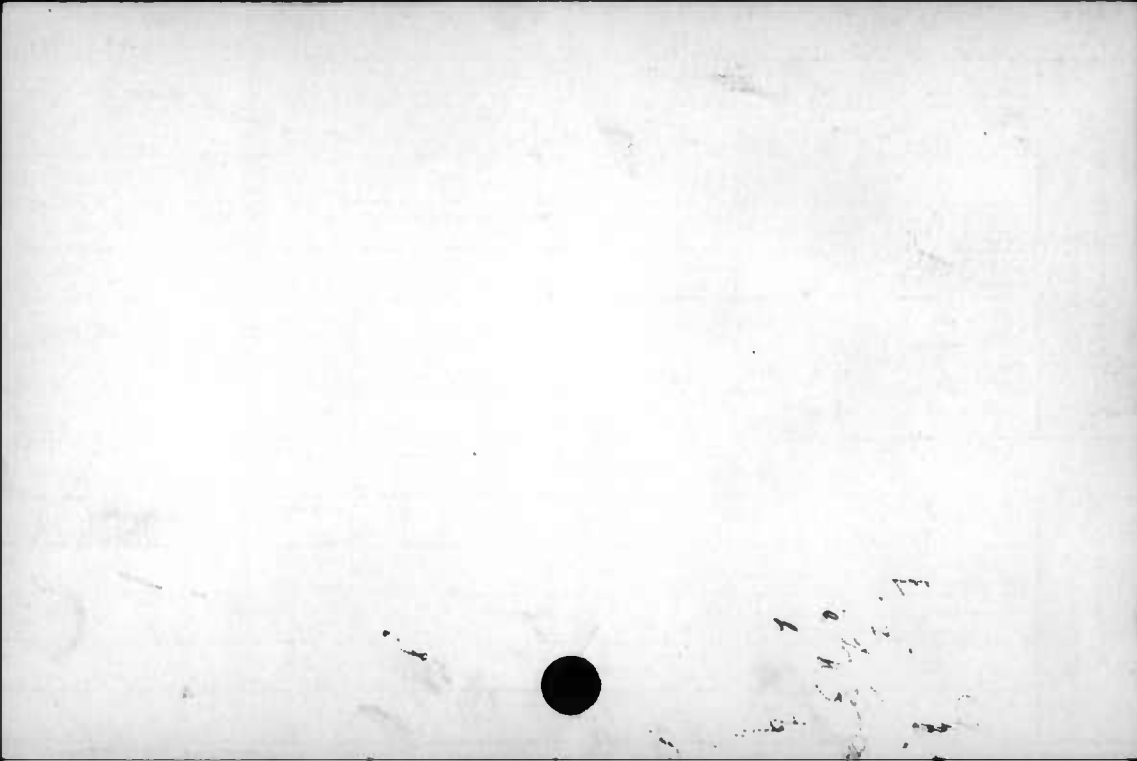
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossville		County Bald		MARYLAND	
Date of death		1908	Month Aug	Day 25	Age 22	Years —	Months —
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation	House fire		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Arthur Hoffmeister		Father's Birthplace	Germany			
Mother's Maiden Name	Maggie Steer		Mother's Birthplace	Ind			
Name of person giving In formation	Wife 1 Hoffmeister		How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epileptic Convulsions		How long	13 years
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. V. Mason
			Address	Rossville Ind
Accident or Suicide?		—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

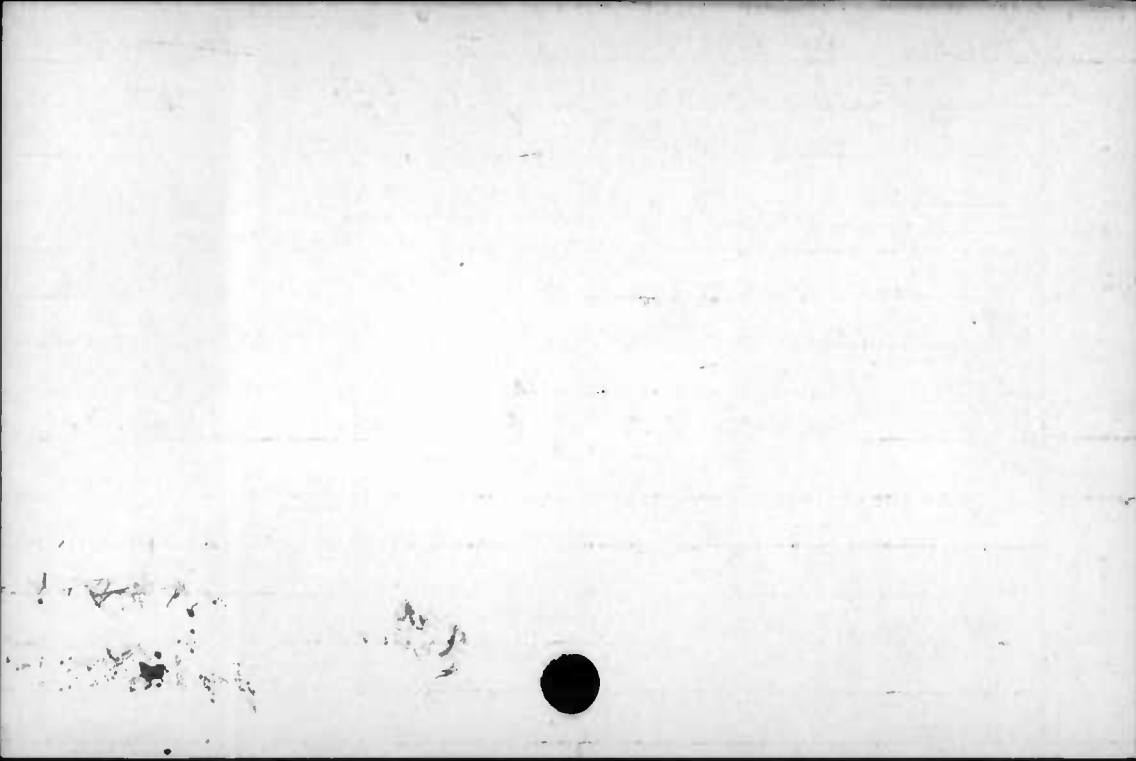
Died at <i>Mt Hope Reformatory</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>21st</i>	Years <i>56</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Printer -</i>			Where Residing if not at place of death <i>Baltimore -</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Not Known</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Reeds Mt Hope</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Mania Chr - Post Paralysis</i>	How long <i>2 1/2 yrs</i>
Immediate <i>Ex -</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Reformatory</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of James (and) Cindarella Hopkins		Town		County		MAYLAND	
Died at 2341 Clinton St S. Canton Balto		Month		Day		Years	
Date of death 1908 Aug 5		Age		Still Born		Months	
Sex Female		Color or Race Colored		Birth-place		2341 Clinton St	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name James Hopkins		Father's Birthplace Balto. Co. Md.					
Mother's Maiden Name Cindarella Duckett		Mother's Birthplace Balto. Co. Md.					
Name of person giving information James Hopkins		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still Born		(S)		How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. S. Griggs		Address 3326 E. North St			
Accident or Suicide?							

Theodore White.

Asbury Cemetery.
Balto. Co. —

Aug 6/05.

Name
in
Full

Wilhelmina Kuchthausen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Baltimore ^{MARYLAND}

Date of death 1908 ^{Month} Aug. ^{Day} 15 ^{Age} 54 ^{Years} 10 ^{Months} 27 ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Germany

Occupation Housewife ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} August Kuchthausen

Father's Name August Breitenbach ^{Father's Birthplace} Germany

Mother's Maiden Name Johanna Münd ^{Mother's Birthplace} Germany

Name of person giving information August Kuchthausen ^{How related to deceased} Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary ^{How long} 1 yr.

Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Warner M.D.

Address 320 Highland Ave South
12th District

Accident or Suicide? No

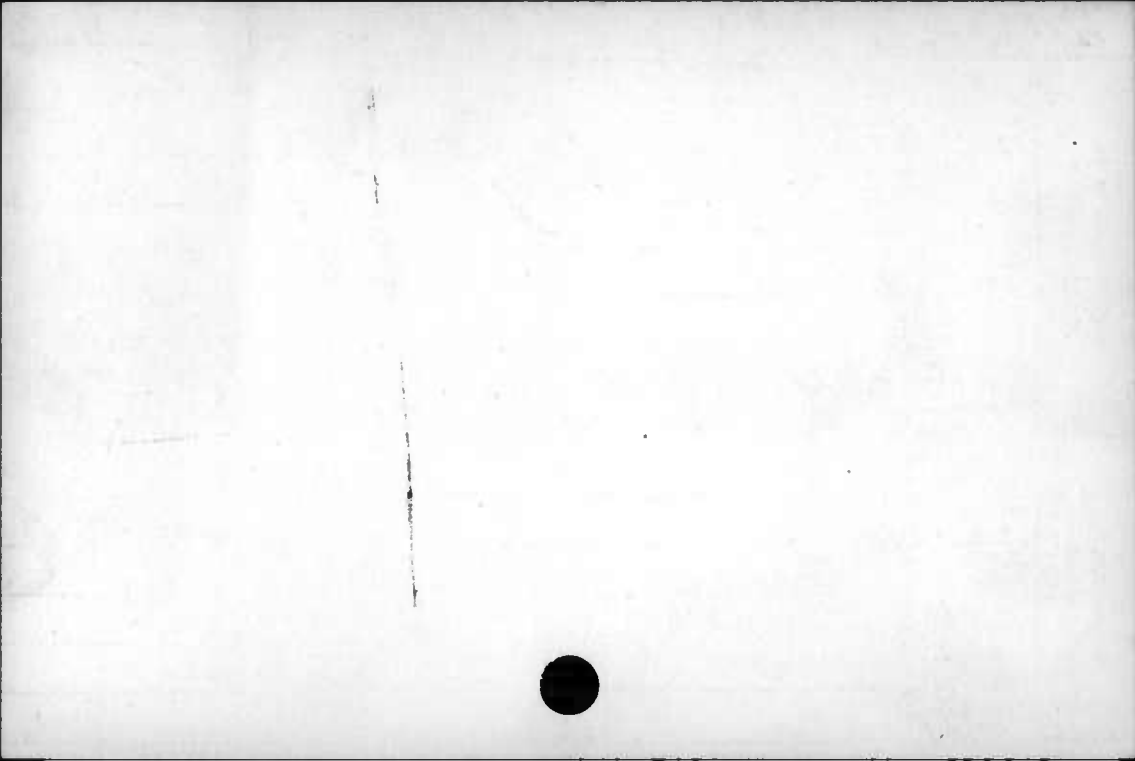
London Park

Aug 17/08

H. Sander Lons

Es. Warner

Name in Full		Clarissa Hughes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Mt. Washington</i>		County <i>Baltimore</i>		MARYLAND	
	Date of death	1908	Month <i>Aug</i>	Day <i>30th</i>	Age <i>one</i>	Months <i>—</i>	Days <i>22</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		
	Occupation	<i>—</i>		Birth-place	<i>Balto city</i>		
				Where Residing if not at place of death	<i>Mt. Washington</i>		
	Married, Single or Widowed	<i>single</i>		Name of Wife or Husband	<i>—</i>		
	Father's Name	<i>John Hughes</i>			Father's Birthplace	<i>Balto. City</i>	
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Susie Ryan</i>			Mother's Birthplace	<i>Balto Co.</i>	
	Name of person giving information	<i>Daniel M. Ryan</i>			How related to deceased	<i>Grand Father</i>	
	CAUSES OF DEATH				103-		
PHYSICIAN OR CORONER	Primary	<i>Enteric - colitis</i>			How long	<i>5 weeks</i>	
	Immediate	<i>Inanition</i>			How long	<i>1 week</i>	
	Are the name, age, sex, color, date and place correctly given above?			<i>yes</i>	Signature of Physician <i>Dr. Josiah S. Bowen</i>		
					Address <i>Mt. Washington, Balto. Co. Md.</i>		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

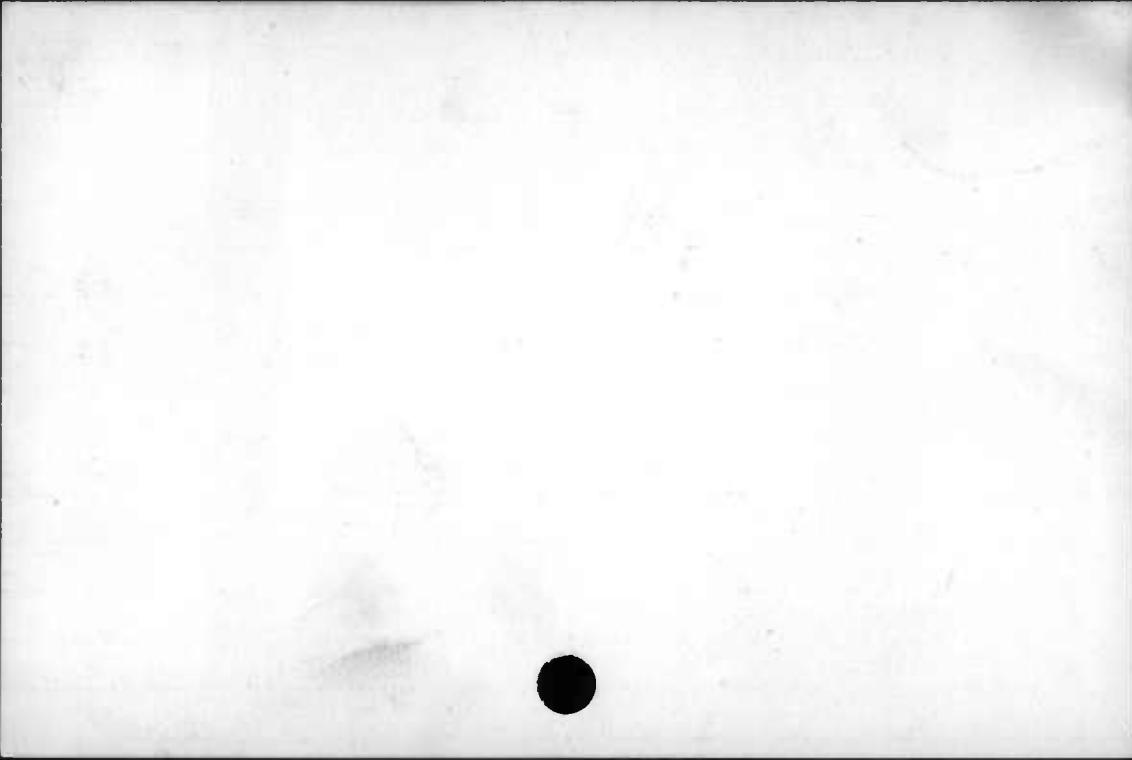
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs. Katherine E. Humphreys</i>		Town <i>Howard Park</i>		County <i>Salto. Co.</i>		MARYLAND	
Died at <i>Howard Park</i>		Month <i>Aug</i>		Day <i>26</i>		Years <i>68</i>	
Date of death <i>1905</i>		Months <i>10</i>		Days <i>15</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Thomas. W. Humphreys.</i>					
Father's Name <i>John A. Clark.</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Eliza Underwood.</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving In formation		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>aneurism of brain</i>		How long <i>six months</i>	
Immediate <i>Hemiplegia.</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Smith</i>	
		Address <i>W. 11th St.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

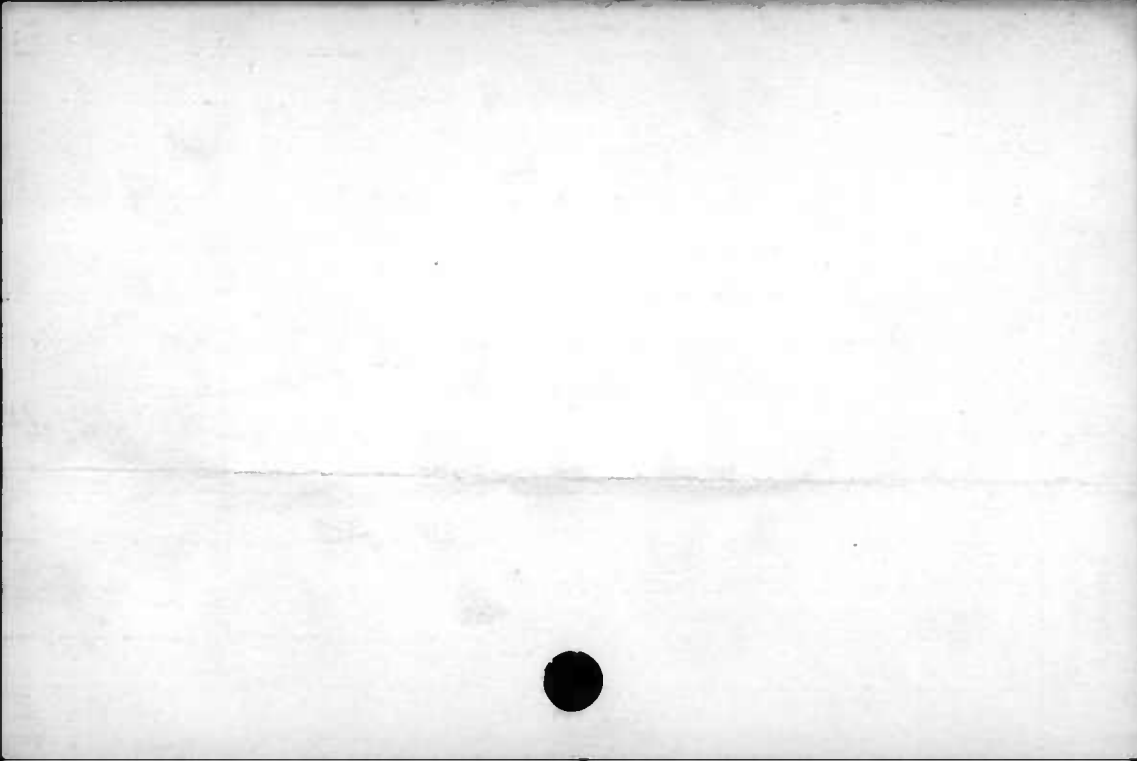
Died at <i>Midline</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>54</i>	Months <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Baker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Georganna Hutchins</i>				
Father's Name <i>Richard Hutchins</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Georganna Hutchins</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>Three days</i>
Immediate <i>Syncope of Heart</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Millon C. Sumnick MD</i>
	Address <i>Shrewsbury Pa</i>
Accident or Suicide?	



Name
in
Full

Mary Isaacson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

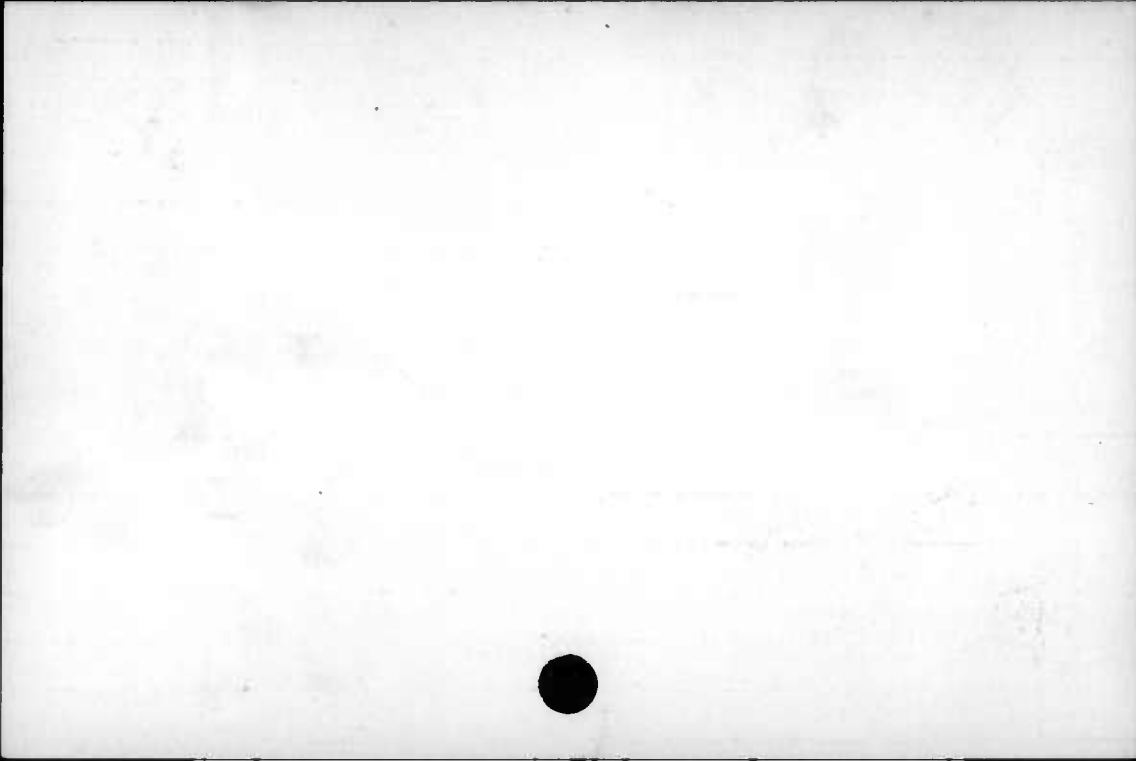
Died at		Town <i>Mt Vernon</i>		County <i>Balt</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		<i>Aug</i>	<i>17</i>			<i>12</i>	
Sex	<i>Female</i>	Color or Race		<i>White</i>	Birthplace		
Occupation		<i>Infant</i>		Where Residing if not at place of death		<i>Mt Vernon</i>	
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Harvey Isaacson</i>				Father's Birthplace	
Mother's Maiden Name		<i>Unknown</i>				Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro intestinal intoxication</i>	How long	<i>20 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John L. Kirk Jr</i>	
		Address	
		<i>Mt Vernon Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ellexander Jefferson* Town*Balto* CountyDate of death *1908 Aug.* MonthDay *22*

Age Years

Months *3*

Days

Sex *female*Color or
Race*White*Birth-
place*Balto*

Occupation

*infant*Where Residing if not
at place of death*Balto*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*1*Mother's
Birthplace*1*Name of person giving
In formationHow related
to deceased*1*

CAUSES OF DEATH

*105*PHYSICIAN
OR CORONER

Primary

Who - colitis

How long

14

Immediate

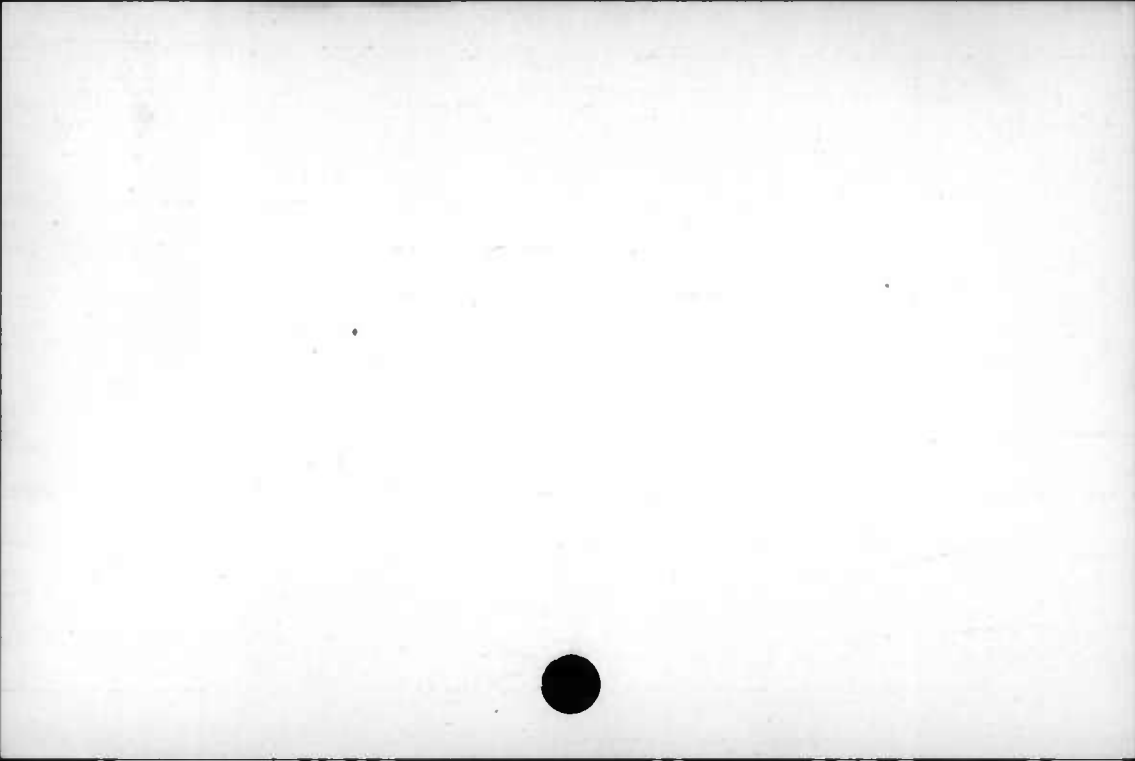
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

James L. Jr. M.D.
1111 1/2

Accident or Suicide?



Name
in
Full

Ellen M Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edgewood Lake Ave</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908 August 11</i>	Month <i>August</i> Day <i>11</i>	Age <i>66</i> Years	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i></i>		
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> or Widowed	Name of Wife or Husband <i>Neither</i>		
Father's Name <i>Thomas C Jenkins</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Louisa Carroll</i>	Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Geo C Jenkins</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Recurrent Carcinoma of L. Breast</i>	How long <i>14 months</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Charles O. Douran</i>
<i></i>	Address <i>10 E. Read St</i>
Accident or Suicide? <i>No</i>	<i>Baltimore</i>

Stewart Mowen Co
Undertakers
211 Park Ave

for Interment in
Corpus Christi (R. C.) Church.
Aug - 14th. 08.

Name in Full		Albert Jones.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Wilmington</i>		County <i>Dealt</i>		MARYLAND	
	Date of death		Month <i>Aug</i>	Day <i>1</i>	Age	Years		Months <i>3</i>
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Baltimore</i>			
	Occupation <i>in bank</i>		Where Residing if not at place of death <i>Baltimore</i>					
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
	Father's Name		<i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name		<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<i>Heart Disease</i>				How long <i>10 days</i>	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>John L. ...</i>			
			Address		<i>Wilmington Del.</i>			
Accident or Suicide?								

105



Name
in
Full

Elizabeth Karcher
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Georgetown* Month *Aug* Day *23* Age *50* Months *—* Days *—*

Date of death *1908*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Wife or Husband *Charles Karcher*

Father's Name *Peter Glaum* Father's Birthplace *Germany*

Mother's Maiden Name *Catharin Glaum* Mother's Birthplace *Germany*

Name of person giving Information *John P. Pothman* How related to deceased *Son*

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *about 2 weeks*

Immediate *Heart failure* How long *12 hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *W. H. Campbell*
Address *Crown Mills, Ind.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Beam Dam</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>4</i>	Years <i>about 41</i>	Months <i>-</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balt. Co.</i>				
Occupation <i>laborer</i>	Where Residing If not at place of death <i>same</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Kate Kilburn</i>						
Father's Name <i>High Kilburn</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Jane Lock</i>	Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Jas Slus</i>	How related to deceased <i>Baltimore Co.</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Cause <i>Chronic Nephritis</i>	How long <i>about one year</i>
Immediate Cause	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Burrey</i>
	Address <i>Hester Md.</i>
Accident or Suicide?	

Fussell Thur. Aug 6
W C Brooks Jr.

Name
in
Full

Emma F. Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i>	Month <i>8</i>	Day <i>31</i>	Years <i>31</i>	Months <i>2</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>N. Y.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>3409 Bank St</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jos. Kirby</i>				
Father's Name <i>F. M. Cole</i>	Father's Birthplace <i>N. Y.</i>				
Mother's Maiden Name <i>Ida Bull</i>	Mother's Birthplace <i>N. Y.</i>				
Name of person giving information <i>Jos. Kirby</i>	How related to decedent <i>Husband</i>				

CAUSES OF DEATH

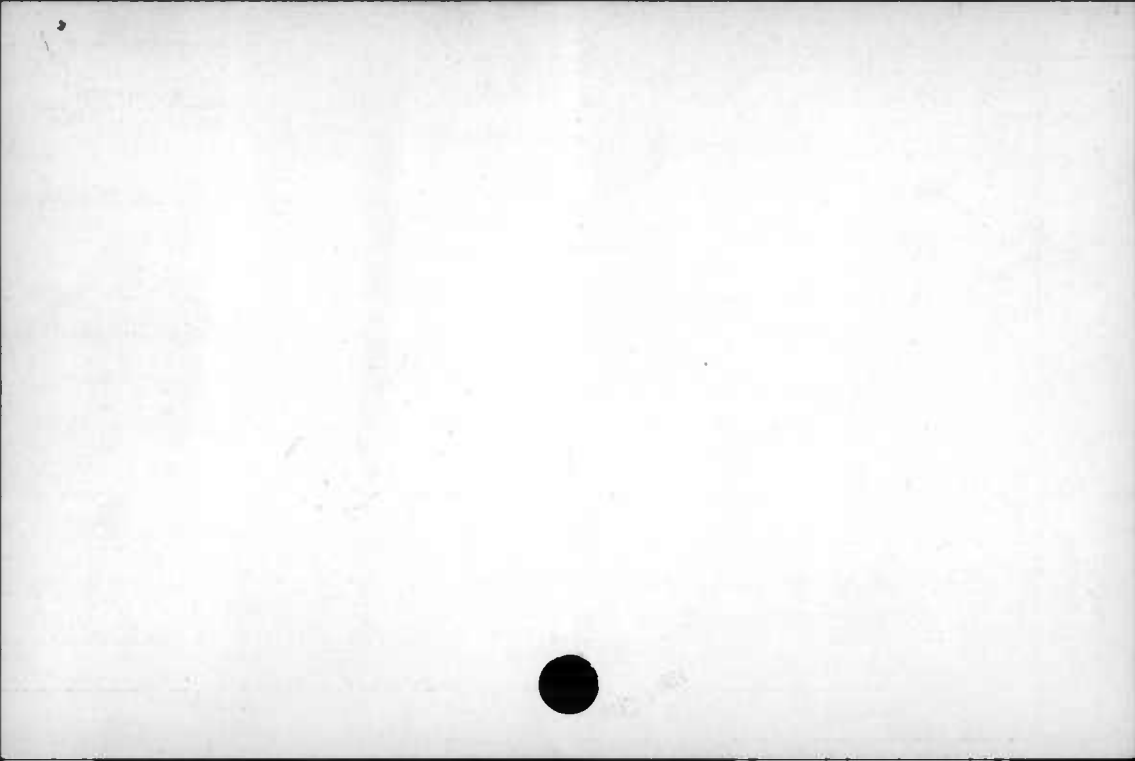
137

PHYSICIAN
OR CORONER

Primary <i>Puerperal Septicaemia</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Warner</i>
	Address <i>320 Highland Ave</i>
Accident or Suicide? <i>No</i>	

Munda Livingston Co
New York

Name in Full Joseph Kita		Town of Panama		County Bel.		CERTIFICATE OF DEATH	
Died 1908		Month 8		Day 26		Years 40	
Date of death		Age		Months		Days	
Sex Male		Color or Race White		Birth-place Russia		MARYLAND	
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband wife in Europe					
Father's Name Joseph Kita		Father's Birthplace Russia					
Mother's Maiden Name Ustinova		Mother's Birthplace "					
Name of person giving information John Campbell		How related to deceased None					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		(4)			
Primary Malaria		How long Unknown					
Immediate Congestion Brain		How long 7 hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician [Signature]					
		Address Panama Canal					
Accident or Suicide?		15th District Md.		15			



Name
in
Full

Emma Koetz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 1117 ^{Town} Baltimore ^{County} Baltimore **MARYLAND**

Date of death 190 ^{Year} Aug ^{Month} 25 ^{Day} Age 2 ^{Years} Months Days

Sex female Color or Race White Birth-place Baltimore

Occupation infant Where Residing if not at place of death Baltimore

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name " Mother's Birthplace "

Name of person giving Information _____ How related to deceased "

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary 1100 - colitis How long 30 days

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signatures of Physician J. J. McKenna Jr. M.D.

Address 1117 Baltimore

Accident or Suicide ☐



Name
in
Full

George E. Kraft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

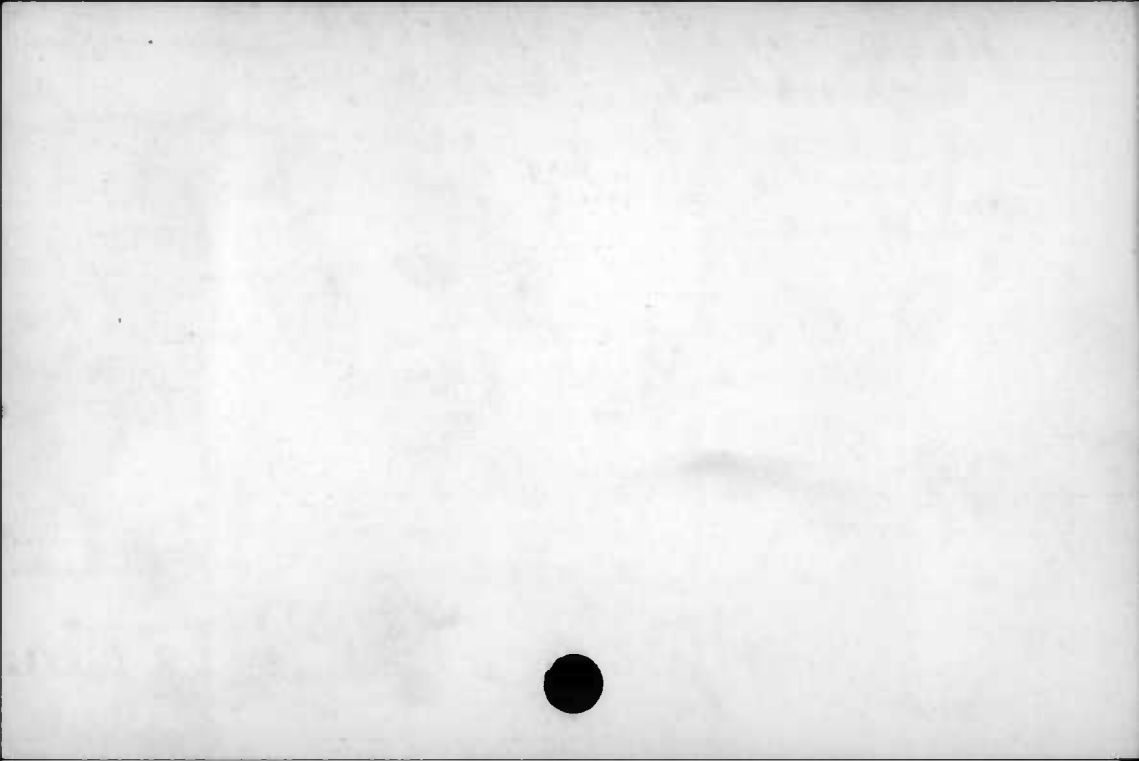
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Aug.	10	Age 61	3	20	
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	none		Where Residing if not at place of death		near Ellicott City		
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	George Kraft (Dead)				Father's Birthplace	Maryland	
Mother's Maiden Name	Mary. Engel				Mother's Birthplace	Maryland	
Name of person giving information	Mary Kraft.				How related to deceased	Mother	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Discolitis	How long	10 days
Immediate	Exhaustion + asthma	How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. C. Stone	
		Address	
		Ellicott City	
		Md.	
Accident or Suicide?			



Name
in
Full

Nora Lachner (3324 Contd.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

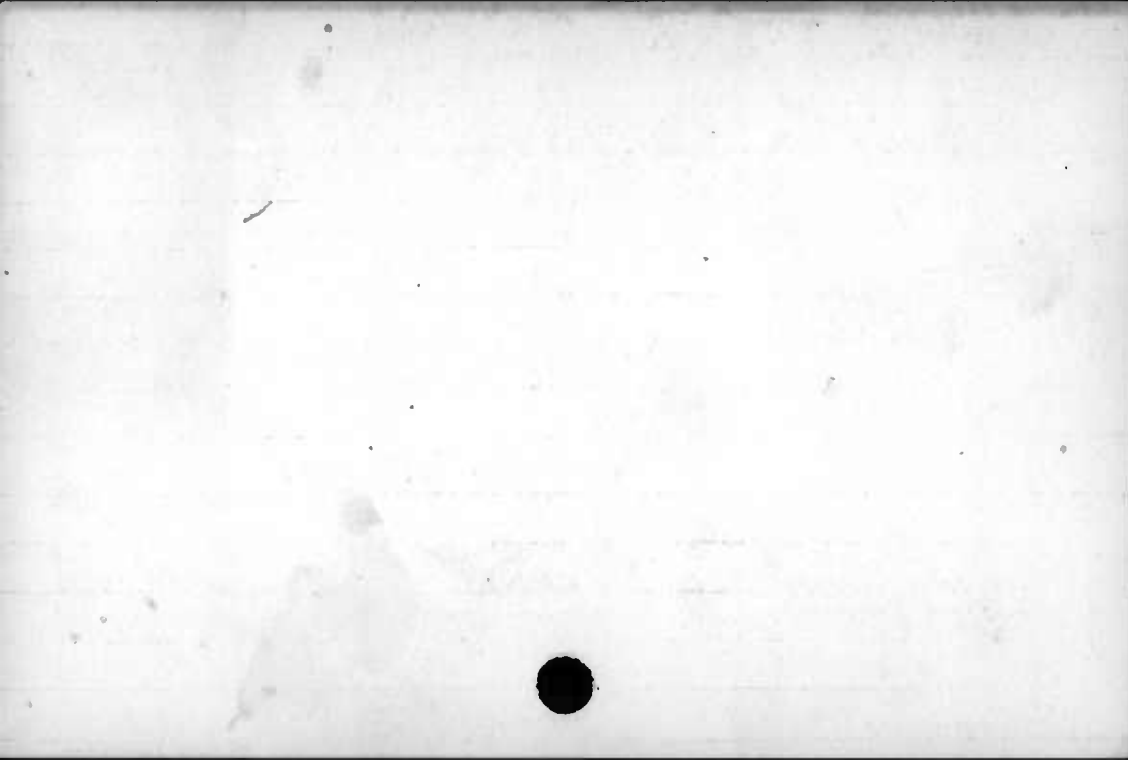
Died at <u>Higalade</u> ^{Town}		<u>Baltimore</u> ^{County}			
Date of death	<u>90</u> ^{Month}	<u>July</u> ^{Day}	<u>12</u> ^{Years}	<u>7</u> ^{Months}	<u></u> ^{Days}
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Baltimore Md.</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u></u>		
Married, Single or widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name	<u>Jacob Lachner</u>			Father's Birthplace	<u>Baltimore Md.</u>
Mother's Maiden Name	<u>Anna Sylander</u>			Mother's Birthplace	<u>Baltimore Md.</u>
Name of person giving information	<u>Jacob Lachner</u>			How related to deceased	<u>father</u>

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Acute pulmonary Tuberculosis</u>	How long	<u>abt 1 month</u>
Immediate	<u>exhaustion + Toxemia</u>	How long	<u>abt 1 week.</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. V. Wright</u>	
Address		<u>Contd & Dill St. Baltimore</u>	
		<u>12th district</u>	
Accident or Suicide?			



Name in Full		Henry G. Lappe				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Spring Gardens (Dunham)		Baltimore			
Date of death		1908	Month 8	Day 11	Age 41	Months	Days
Sex		Male		Color or Race white		Birth-place Md.	
Occupation		Cigar Packer		Where Residing if not at place of death		3123 E Fayette	
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth Lappe	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Elizabeth Lillen		Mother's Birthplace		Maryland	
Name of person giving information		William Lappe		How related to deceased		Son	
		CAUSES OF DEATH		158			
Primary		Drowning or falling in water		How long		Immediate	
Immediate		Drowning		How long		Immediate	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		August W. Miller, Coroner	
				Address		101 W. Winans	
Accident or Suicide?						Baltimore, Md.	

H. S. Frink -

2113 W. Pratt St.

Mt. Carmel

Cemetery -

Final Aug 13/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>8</i> ^{Month}	<i>1</i> ^{Day}	<i>—</i> ^{Years}	<i>3</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Arlington Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Arlington Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thos. B. Lawrence</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Catherine L. Seeborn</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Thos. B. Lawrence</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>Several weeks</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William P. Hill</i>
	Address <i>Arlington, Md.</i>
Accident or Suicide?	

McKendree Cemetery

Jacob H. Krantz

Name
in
Full

Charles Leach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

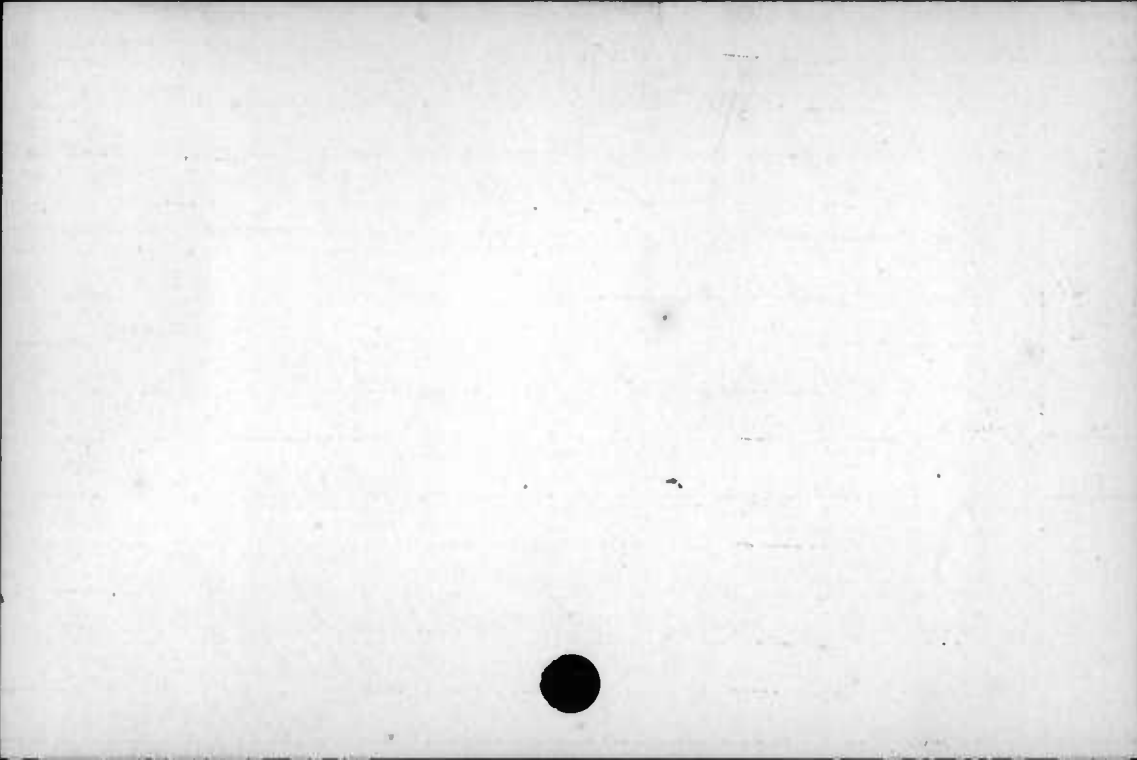
Died at <i>Mt Hope</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>4th</i>
Age		<i>62</i>		Years	
Sex		<i>Male</i>		Color or Race	<i>White</i>
Occupation		<i>Photographer</i>		Birth-place	<i>Baltimore</i>
Where Residing if not at place of death		<i>Baltimore</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Not Known</i>	
Father's Name	<i>Not Known</i>		Father's Birthplace	<i>Not Known</i>	
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Reck Mt Hope</i>		How related to deceased	<i>Not at all</i>	

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary	<i>Mania Epeleptic</i>	How long	<i>over 14 yrs</i>
Immediate	<i>Ex. Status Epelepticus</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank Flannery</i>
		Address	<i>Mt Hope Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

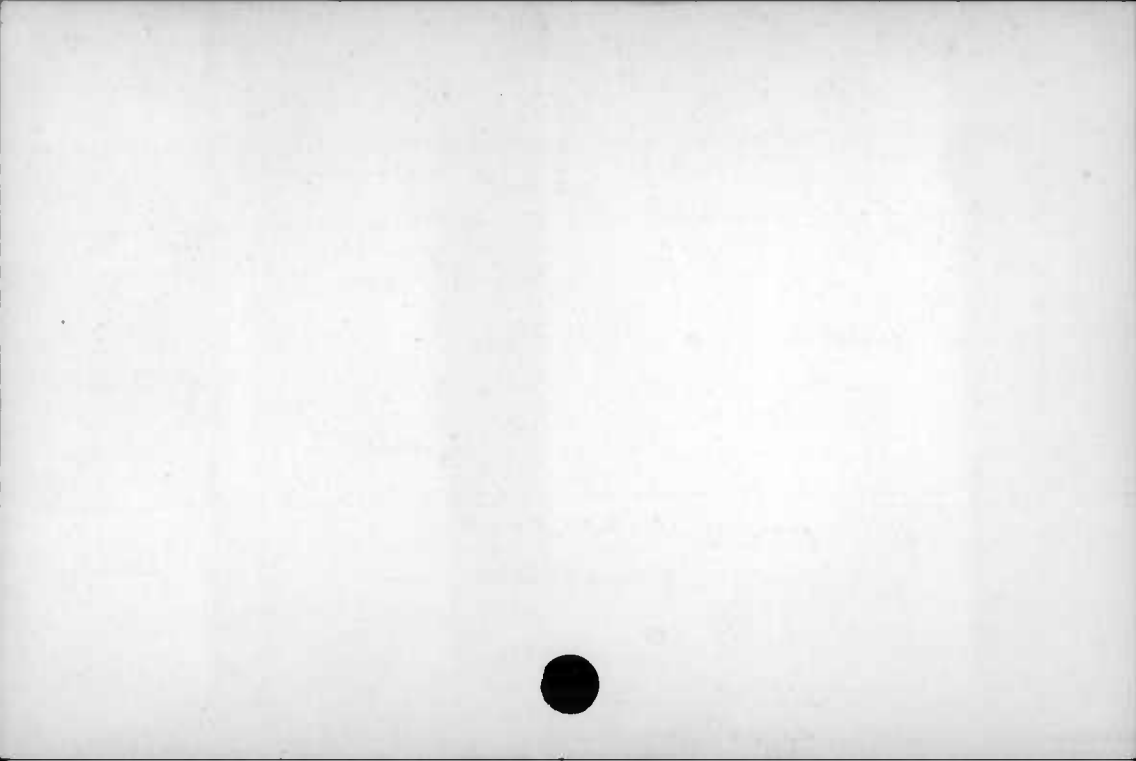
Name in Full		Peruben F. Lentz		County		Baltimore		MARYLAND	
Died at		Md. Line		Town		Baltimore		County	
Date of death		1908		Month		Aug		Day	
Sex		Male		Color or Race		White		Birth- place	
Occupation		Farmer		Where Residing if not at place of death				Pa.	
Married, Single or Widowed		Widowed		Name of Wife or Husband					
Father's Name		Daniel Lentz		Father's Birthplace		Pa.			
Mother's Maiden Name		Unknown		Mother's Birthplace		Pa.			
Name of person giving In formation		Geo Lentz		How related to deceased		Son			

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	3 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. Millard Stuhig	
Address		White Hall Md.	
Accident or Suicide?			



Name in Full Jesse Levenson		CERTIFICATE OF DEATH	
Died at Catonsville <small>Town</small>		Baltimore <small>County</small>	
Date of death 1908 Aug 6 <small>Month Day</small>		Age 60 <small>Years</small>	
Sex male		Color or Race white	
Occupation Peddler		Birth-place Russia	
Married, Single or Widowed		Where Residing if not at place of death <input checked="" type="checkbox"/>	
Name of Wife or Husband unknown			
Father's Name Moses Levenson		Father's Birthplace Russia	
Mother's Maiden Name unknown		Mother's Birthplace unknown	
Name of person giving information J. A. Nathanson		How related to deceased Brother-in-law	
CAUSES OF DEATH			
Primary Dementia Praecox		How long 10 yrs -	
Immediate Mistral regurgitation		How long 10 min -	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Rob't P. Winterstei	
		Address Md. Hospital for Insane	
Accident or Suicide? Neither		Catonsville, Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	20	48			
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		X	
Father's Name		unk				Father's Birthplace	
Mother's Maiden Name		unk				Mother's Birthplace	
Name of person giving information		—				How related to deceased	
						—	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Dementia	How long	10 yrs
Immediate	Chronic Brights Disease	How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Therese Wade	
Address		Leatsville, Ind	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Edward G. Little		Town Texas		County Baltimore		State MARYLAND	
Died at Texas		Month Aug		Day 11		Age 25	
Date of death 1908		Month Aug		Day 11		Age 25	
Sex male		Color or Race white		Birth-place Baltimore, Md.			
Occupation labourer		Where Residing if not at place of death Baltimore.					
Married, Single or Widowed Married		Name of Wife or Husband Mrs Little					
Father's Name Mr Little		Father's Birthplace Baltimore					
Mother's Maiden Name Mary Kirby		Mother's Birthplace Baltimore					
Name of person giving information Harry Little		How related to deceased Brother					

Patient died from a height into a body of water.

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Accidental Concussion of Brain and drowning.		How long immediate	
Immediate struck head on rock in the bottom of the pool.		Signature of Physician D. H. Burrey	
Are the name, age, sex, color, date and place correctly given above? Yes		Address Texas Md.	
Accident or Suicide? Accident.		(over)	

H. C. Niedeckel

914 Greenmount ^{ave}

Mount Olivet Cemetery

Aug 14 th 1908

Patient dived from a height, striking head upon rock in bottom of pool, which caused the concussion of the brain.

While in this condition, the man drowned.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frank C. Lloyd*
Copper Works *Baltimore* *County*Date of death *1908* *Aug* *25* *Age* *37* *Months* *Days*Sex *Male* Color or Race *White* Birth-place *Penn*Occupation *Stationary Engineer* Where Residing if not place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Marie Lloyd*Father's Name *Manassas Floyd* Father's Birthplace *Penn*Mother's Maiden Name *Elizabeth Gibbs* Mother's Birthplace *Penn*Name of person giving information *Marie Lloyd* How related to deceased *Wife*

CAUSES OF DEATH

178

Primary *Cardiac Syncope* How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Sudler MD
*3376 E Baltimore St*Accident ~~or Suicide?~~

Crowley Bros
25 N. Fulton Ave
Sacred Heart
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Longhuan

Town Towson

County

MARYLAND

Died at Sheppard & Enock Pratt Hosp

Baltimore

Date

of death 1908

Month

8

Day

19

Age

Years

53

Months

2

Days

Sex

Male

Color or
Race

White

Birth-
place

N.C.

Occupation

Where Residing if not
at place of death

Asheville N.C.

Married, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

E. T. Dush

How related
to deceased

Physician

CAUSES OF DEATH

61

Primary

Meningitis

How long

1 1/2 Mos

Immediate

Cardiac Paralysis

How long

Immediate -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. T. Dush

Address

Sheppard & Enock Pratt Hosp &
Towson Balto Co Md.

Accident or Suicide?

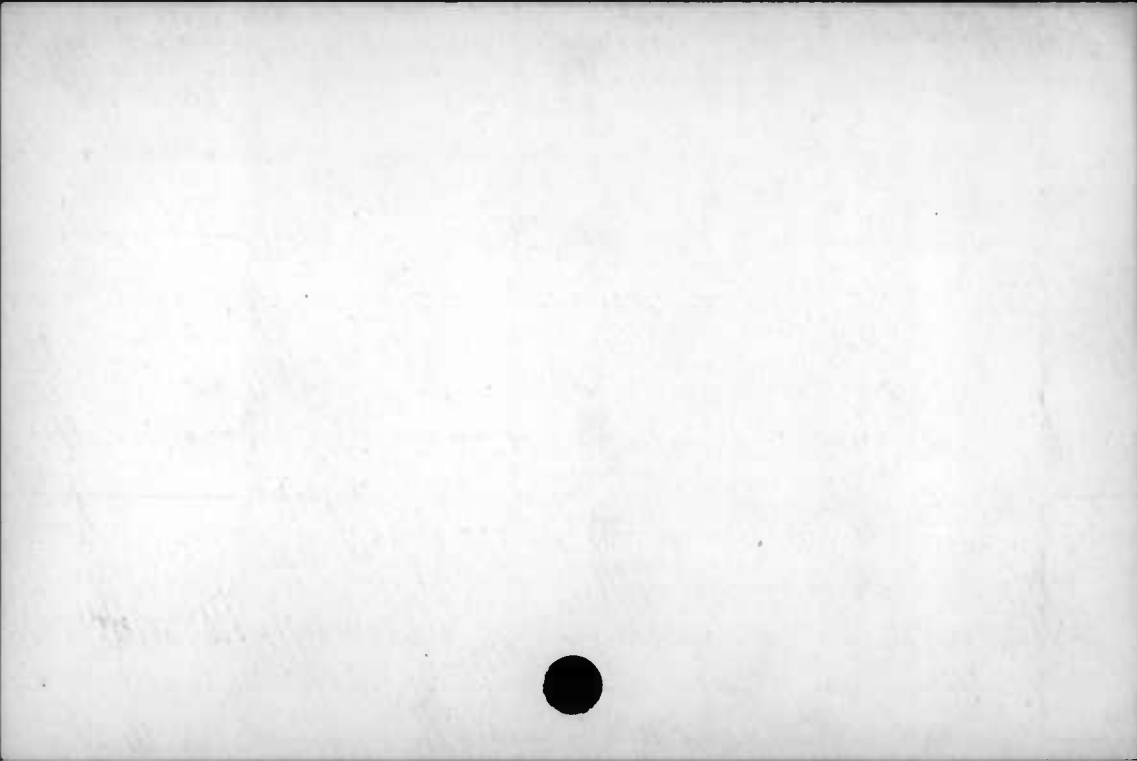
No

PHYSICIAN
OR CORONER

Cathedral Cemetery,
Baltimore, Md.

⁴⁴Henry W. Means and Son,
Balto, Md.

Name in Full		John W. McClintock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <u>Briskayville</u>		County <u>Balto.</u>		MARYLAND	
	Date of death	1908	Month <u>August</u>	Day <u>6</u>	Years <u>47</u>	Months	Days
	Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place
	Occupation	<u>Laborer</u>		Where Residing if not at place of death		<u>Briskayville</u>	
	Married, Single or Widowed			Name of Wife or Husband		<u>Mary McClintock</u>	
	Father's Name	<u>J. P. McClintock</u>		Father's Birthplace		<u>Ireland</u>	
	Mother's Maiden Name			Mother's Birthplace		<u>"</u>	
	Name of person giving information	<u>Mrs. McClintock</u>		How related to deceased		<u>Wife</u>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">27</div>							
PHYSICIAN OR CORONER	Primary	<u>Acute tuberculous</u>					How long
	Immediate	<u>Respiratory failure</u>					How long
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician		
					Address		
Accident or Suicide?		<u>No</u>		<u>2000 E. Balt. st.</u> <u>14th District</u>			



Name
in
Full

(McDonough) Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Calonsville^{County} Butte

Date of death 1908 Aug

Day 23

Age 46

Months

Days

Sex Male

Color or
Race

white

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

X

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name~~John~~ John McDonoughFather's
Birthplace

Ireland

Mother's
Maiden Name

Link

Mother's
Birthplace

Link

Name of person giving
In formation

Brother Frank McDonough

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid fever
& exhaustion

How long

3 weeks -

Immediate

How long

1 week.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Percy Wade
Calonsville, Md
1st District

Accident or Suicide?

No

Wm. C. H.

502 E North Ave

Holy Cross Cemetery

24th. 1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

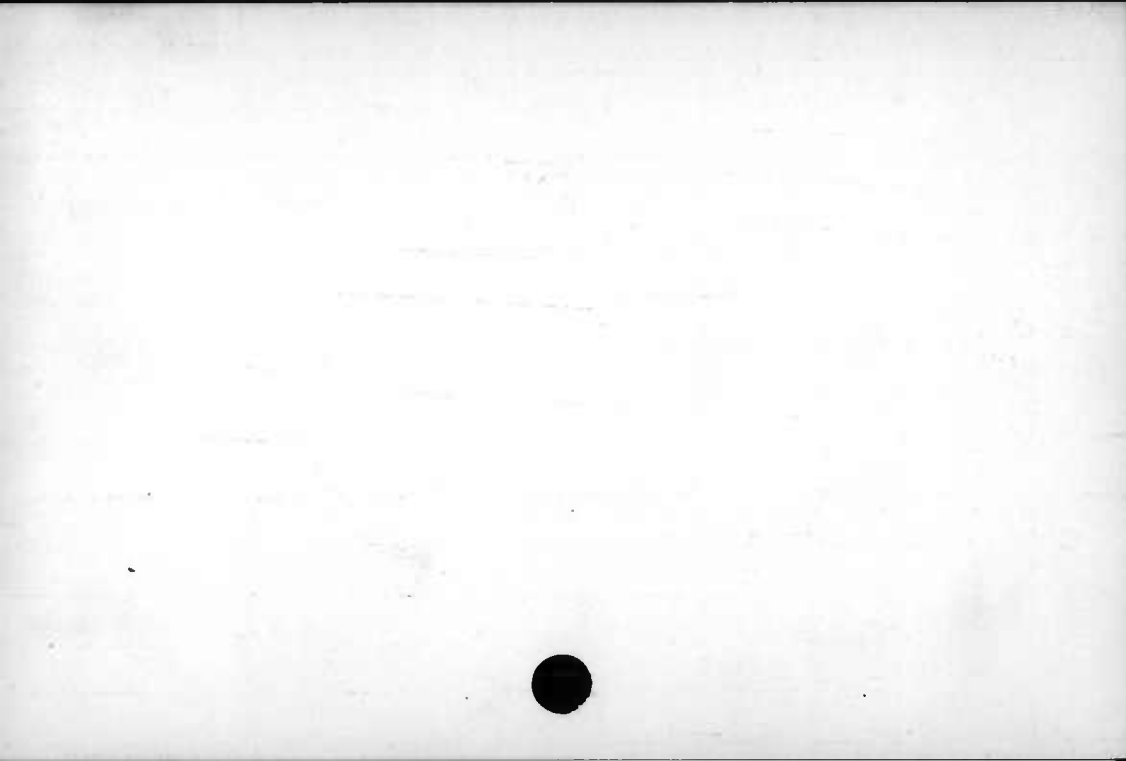
Died at <u>1111 Wilson</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1908</u> <u>Aug</u> Month		<u>13</u> Day	Age <u>Years</u>	Months <u>4</u>	Days
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Balto</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>1</u>			Mother's Birthplace <u>1</u>		
Name of person giving information			How related to deceased <u>1</u>		

CAUSES OF DEATH

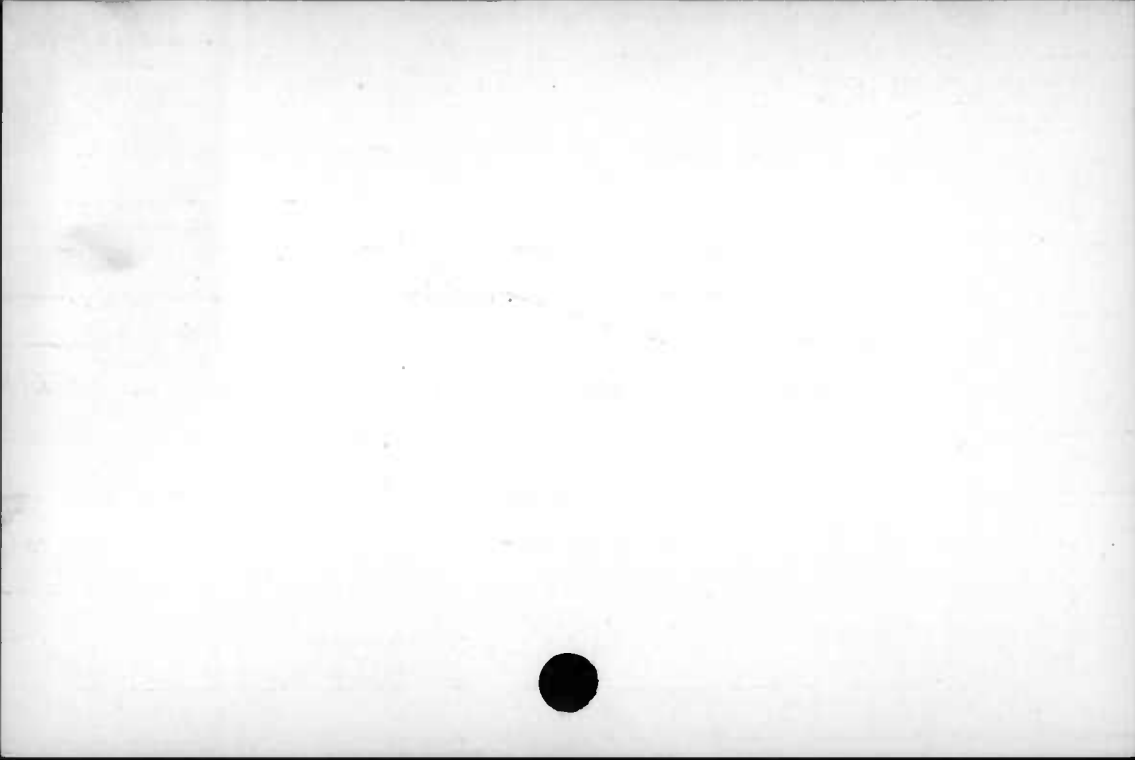
105

PHYSICIAN
OR CORONER

Primary <u>Neo-celitic malarious</u>	How long <u>4 hrs</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. D. McLaughlin</u>
	Address <u>1111 Wilson</u>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Alt. Liden</u> Town		<u>Balto</u> County			
		Date of death <u>1908</u> <u>Aug</u> Month		<u>8</u> Day	Age <u>1</u> Years	Months <u>1</u> Days	
		Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Balto</u>			
		Occupation <u>infant</u>	Where Residing if not at place of death <u>Balto</u>				
		Married, Single or Widowed <u>single</u>	Name of Wife or Husband _____				
		Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
		Mother's Maiden Name <u>1.</u>	Mother's Birthplace <u>1.</u>				
		Name of person giving information	How related to deceased <u>1.</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Congenital Debility</u>			How long <u>1 mo</u>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>				
			Address <u>Alt. Liden</u>				
Accident or Suicide?							



Name
in
Full

Katherine M. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND		
Date of death		1908	Month <i>Aug</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Co.</i>				
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>						
Father's Name <i>John S. Walker</i>		Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Mary Heimbach</i>		Mother's Birthplace <i>Baltimore</i>						
Name of person giving information <i>Mary Walker</i>		How related to deceased <i>Mother</i>						

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. S. Warner</i>	
		Address <i>3208 Highland Ave South</i>	
Accident or Suicide?			

St Pauls Cemetery
H. Sander & Sons
Aug 26/08

Name
in
Full

Phillip Charles Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 926 3 rd St. Canton		^{County} Balto		MARYLAND	
Date of death	1908	Month	Aug	Day	2
Age	17	Years		Months	
Sex	male	Color or Race	white	Birth-place	md
Occupation	none	Where Residing if not at place of death		926 3 rd St.	
Married, Single or Widowed	Single	Name of Wife or Husband		—	
Father's Name	Phillip Martin	Father's Birthplace		Md.	
Mother's Maiden Name	Mary Slattery	Mother's Birthplace		Md.	
Name of person giving information	Phillip Martin	How related to deceased		Md.	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	Toxemia	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	M. J. McAdams 839 S. Canton 12 th District		

John A. Moore

St. Patrick's
Cemetery,

Aug 5/08

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mason Lizzie*
Monell Park

Town

County

*Balto*Date of death *1908* *Aug*

Month

Day

20

Age

Years

30

Months

8

Days

*—*Sex *female*Color or
Race*white*Birth-
place*Germany*

Occupation

*House wife*Where Residing if not
at place of death*—*Married, Single
or Widowed*Married*Name of Wife or
Husband*Joseph Maser*Father's
Name*John Scheck*Father's
Birthplace*Germany*Mother's
Maiden Name*unknown*Mother's
Birthplace*Germany*Name of person giving
information*Joseph Maser*How related
to deceased*husband*

CAUSES OF DEATH

*120*PHYSICIAN
OR CORONER

Primary

Bright's disease

How long

10 wks

Immediate

Endocarditis

How long

*5 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Geo. S. M. Kieffer
Monell Park
Balto Co.

Accident or Suicide?

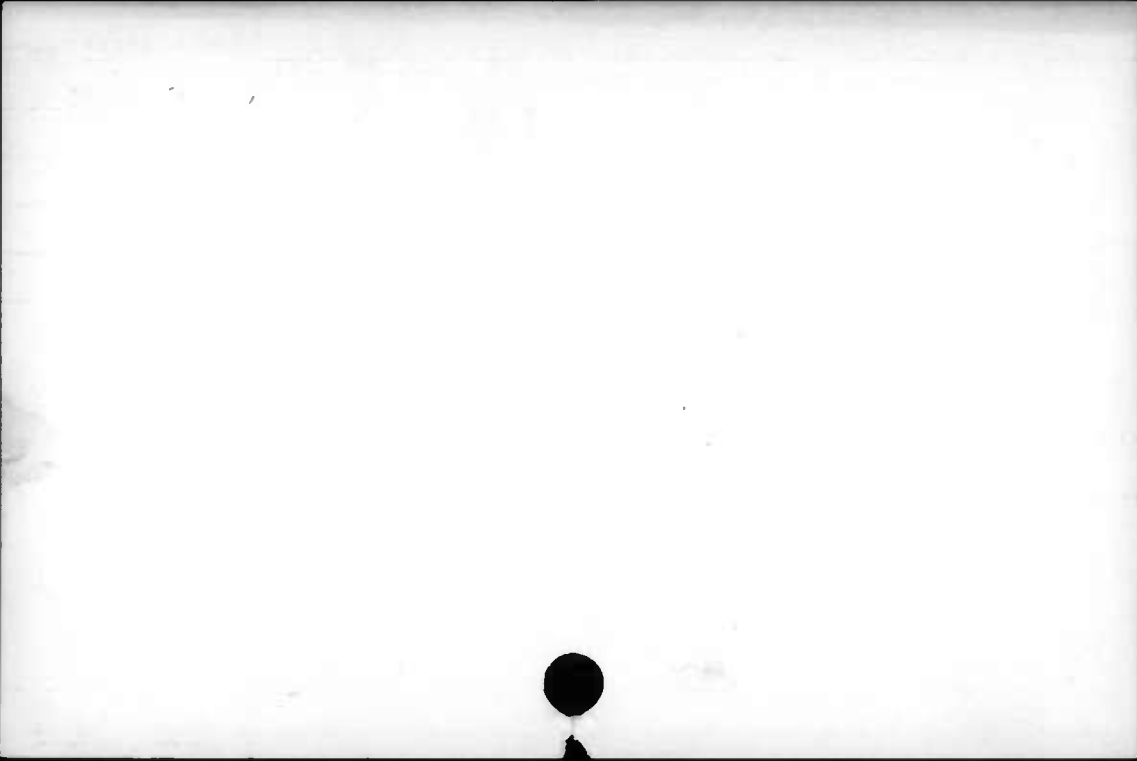
Louden Park

Aug 22, 08

Robt J Turner

Underlaker

CERTIFICATE OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

M W E Mays

Town

County

MARYLAND

Died at

Date

of death 1908

Month

Day

Years

Months

Days

August 26

Age 35

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceasedTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

159

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



1. 2. 3. 4. 5.



Name
in
Full

Ida Metilda Meisenhalder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Balto</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Aug</i>	Day	Age	Years <i>1</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Eastern ave 431st</i>				
Married, Single or Widowed <i>S.</i>	Name of Wife or Husband				
Father's Name <i>Fred. Meisenhalder</i>	Father's Birthplace <i>Balto.</i>				
Mother's Maiden Name <i>Mary Lamb</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>" Meisenhalder</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>1 week</i>
Immediate <i>Eclampsia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. McWay M.D.</i>
	Address <i>839 S. Canton</i>
Accident or Suicida	

Mr. Carmel Lam.

Hennig & Son

8/15/88

Name
in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town} <i>Baltimore</i> ^{County} <i>MARYLAND</i>	
Date of death <i>1908</i> ^{Month} <i>8</i> ^{Day} <i>26</i> ^{Years} <i>10</i> ^{Months} <i>2</i> ^{Days} <i>16</i>	
Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Balto. Md.</i>	
Occupation <i>None</i> Where Residing if not at place of death <i>_____</i>	
Married, Single or Widowed <i>Single</i> Name of Wife or Husband <i>_____</i>	
Father's Name <i>Wm. J. Miller</i> Father's Birthplace <i>Balto. Md.</i>	
Mother's Maiden Name <i>Margaret L. Connelly</i> Mother's Birthplace <i>Balto. Md.</i>	
Name of person giving information <i>Wm. J. Miller</i> How related to deceased <i>Father</i>	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i> <i>Exhaustion</i>	How long <i>Three Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Three Weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Edwin E. Jones</i>
<i>Yes</i>	Address <i>Arlington Md</i>
Accident or Suicide?	

Dund Ridge Cemetery

by
Henry W. Meas^{Da} Son
1805 N. Cabot St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Mitchell* Town *Catonville* County *Baltimore* MARYLAND

Died at *Catonville*

Date of death *1908* Month *August* Day *2nd* Age *19* Years Months Days

Sex *Male* Color or Race *White American* Birth-place *Maryland*

Occupation *Infant* Where Residing If not at place of death *118 Sanford Ave.*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John Mitchell* Father's Birthplace *Canada*

Mother's Maiden Name *Mable Fischer* Mother's Birthplace *Mass*

Name of person giving information *John Mitchell* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Inflammation* How long *19 Days*

Immediate *E. Lanthier* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. Joyce*

Address *1800 10th North Ave.*

Accident or Suicide? *1*

London Park Cemetery
August 3rd / 1908.

Wm Cook
502 E North Ave

Baltimore

Md.

Name
in
Full

Mildred Montague

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

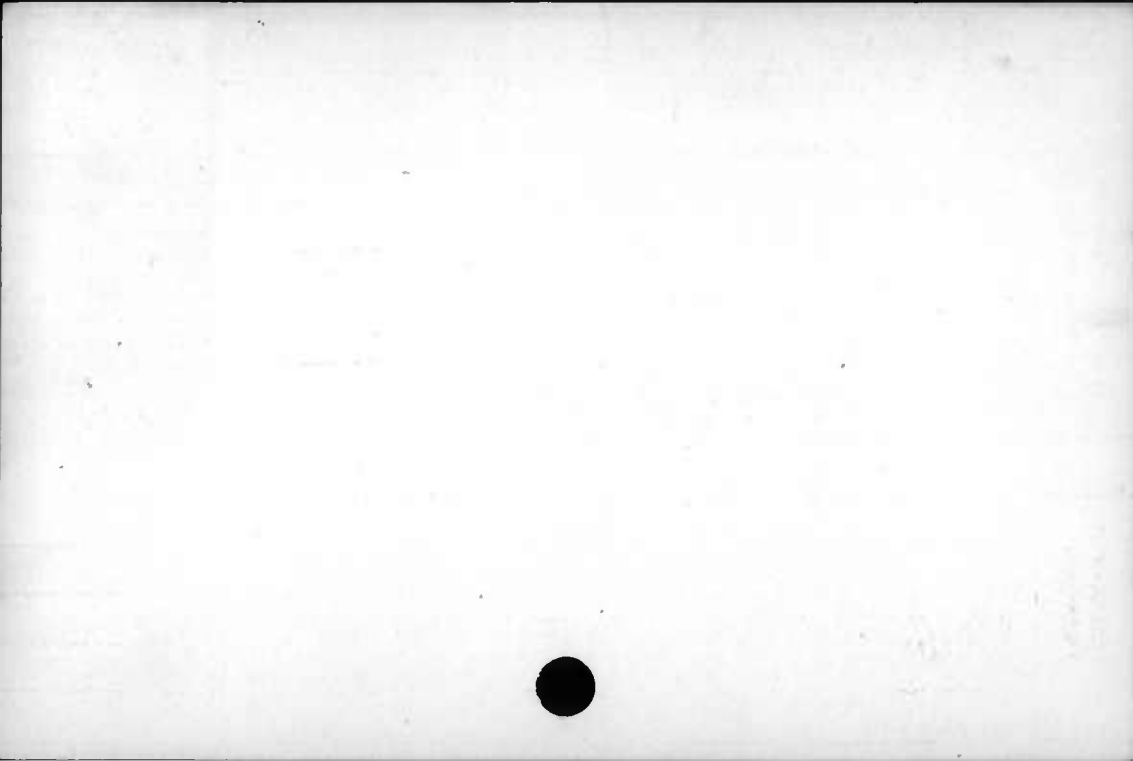
Died at <i>Mt Wilson</i>		Town <i>Back</i>		County		MARYLAND	
Date of death <i>1908 Aug</i>		Month <i>1</i>		Day <i>1</i>		Age <i>1</i>	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Backman</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Backman</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Congenital Deafness</i>		How long	
Immediate <i>Dyspnoea due to</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Knapp</i>	
		Address <i>Mt Wilson Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

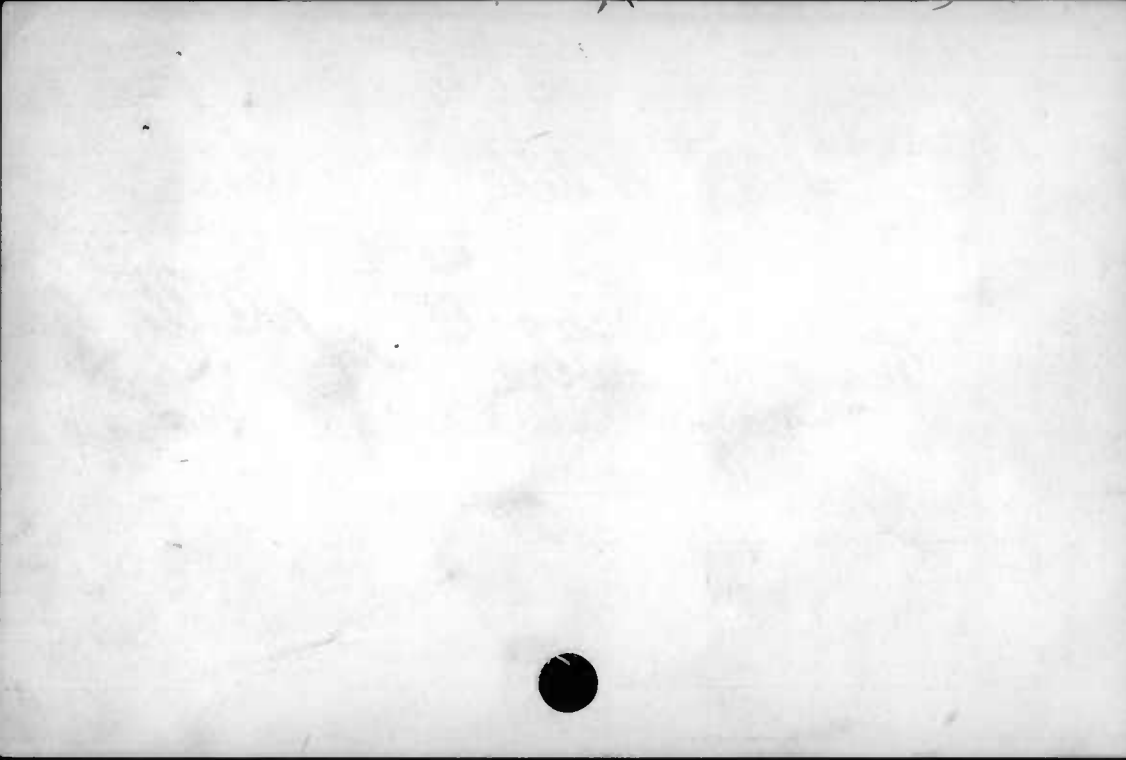
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	18				
Sex	Color or Race		Birth-place				
Male	White		Maryland				
Occupation	Where Residing if not at place of death						
Labors	1736 N. Bradford						
Married, Single or Widowed	Name of Wife						
Married	Husband - Annie						
Father's Name	Father's Birthplace						
John Moore	Germany						
Mother's Maiden Name	Mother's Birthplace						
Elizabeth McDonald	Anna Scotia						
Name of person giving information	How related to deceased						
Annie O. Moore	Child						

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Fractured Skull due to fall	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		W. S. Sudler M.D.
		Address
		2326 E. Balto St
Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

Martin P. Moore

MARYLAND

Died at ^{Town} *Highlandtown* ^{County} *Balto*

Date of death 1908 ^{Month} *aug* ^{Day} *4* ^{Years} *14*

Months Days

Sex *Male* Color or Race *White*

Birth-place *Balto City*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Thomas Moore*

Father's Birthplace *Balto. Co.*

Mother's Maiden Name *Mary A Powers*

Mother's Birthplace *Bril. Co.*

Name of person giving information *Mary A Powers Moore*

How related to deceased *Mother*

CAUSES OF DEATH

27

Primary *Pulm. Tuberculosis*

How long *6 mos*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *T. J. Powers M.D.*

Address *2571 E Preston*

12th District

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Hen.

St. Marys County

Aug 6/08

Time
in
Full

CERTIFICATE OF DEATH

Henry S. Morgan

MARYLAND

Died at ^{Town} Parkville ^{County} Balto.

Date of death 1908 ^{Month} Aug. ^{Day} 28 ^{Years} Age 69 ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Md.

Occupation Retired ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Mary V. Morgan

Father's Name Don't know ^{Father's Birthplace} Don't know

Mother's Maiden Name Don't know ^{Mother's Birthplace} Don't know

Name of person giving information Chas. E. Morgan ^{How related to deceased} Son

26

CAUSES OF DEATH

Primary Laryngeal Tuberculosis ^{How long} Don't know

Immediate Exhaustion ^{How long} 10 days

Are the name, age, sex, color, and place correctly given above? Yes. ^{Signature of Physician} Being 7 Grove

1302 N. Caroline St. 14th District Baltimore 145

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Place of Burial
Quail Ridge Cemetery

Undertaker

Wm C. Black

223 S. BROADWAY.

Name
in
Full

George Wesley Nace

CERTIFICATE OF DEATH

Died at ^{Town} near Sham ^{County} Bulb

MARYLAND

Date of death 1908 ^{Month} 8 ^{Day} 11 ^{Age} ^{Years} ^{Months} 8 ^{Days} 18

Sex male Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband —

Father's Name Robt. Nace

Father's Birthplace Ind

Mother's Maiden Name Ida. Hicks

Mother's Birthplace Ind

Name of person giving information Ida. Nace

How related to deceased Mother

CAUSES OF DEATH

105

Primary Diarrhoea How long 3 weeks

Immediate Cholera infantum How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

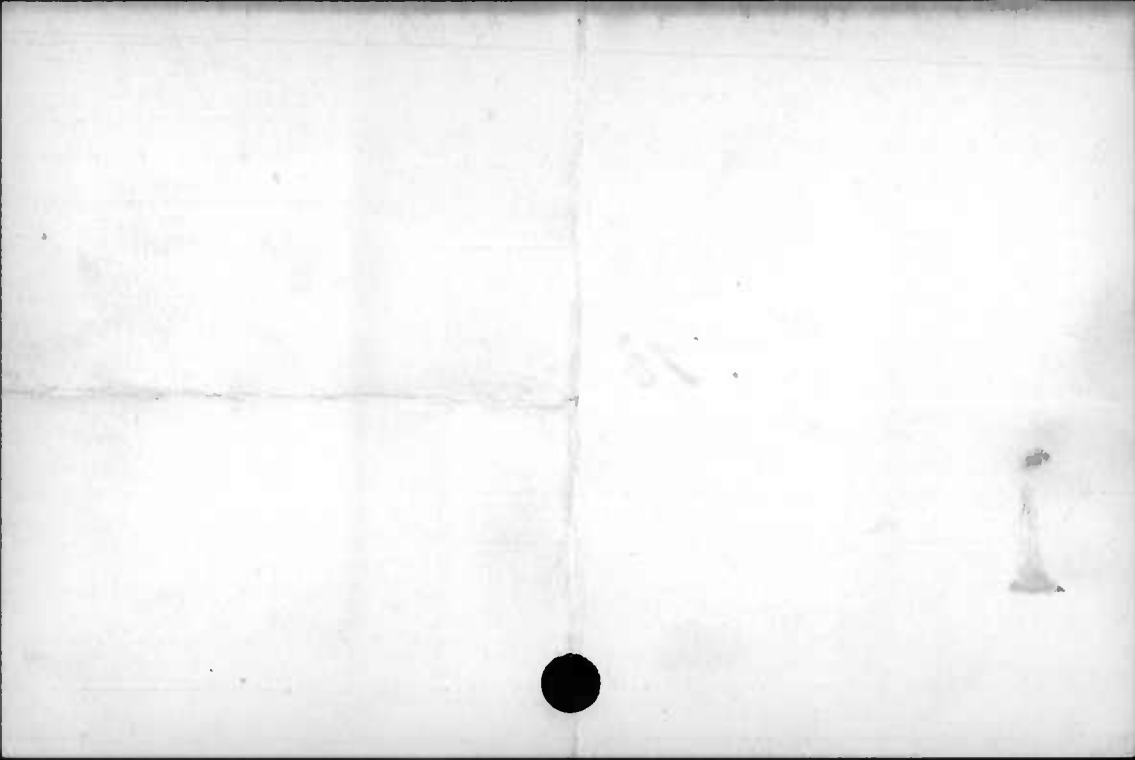
Signature of Physician Robt. B. Bonie

Address Parkton

Accident or Suicide?

Ind 7

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Catherine Hagerkast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

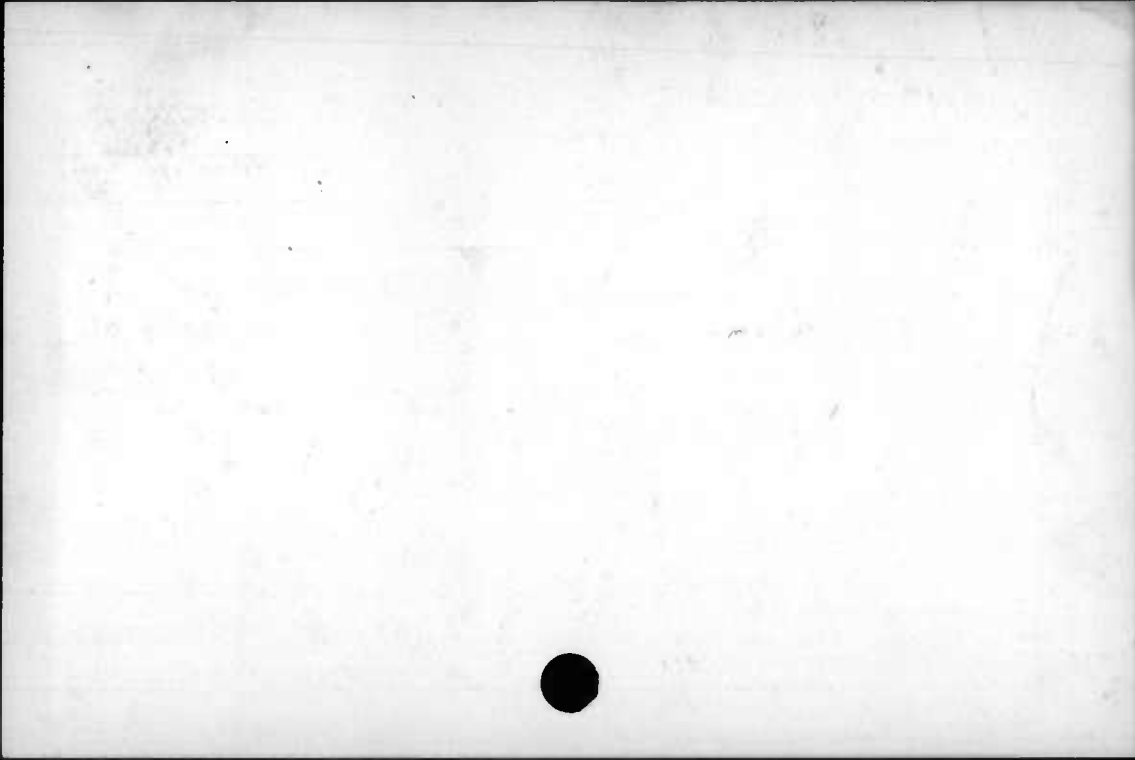
Died at <u>Anrlea</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>4</u>	Age <u>70</u>	Years	Months
Sex <u>F.</u>	Color or Race <u>W.</u>		Birth-place <u>Germany.</u>		
Occupation <u>Hon.</u>	Where Residing if not at place of death				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <u>Henry Hagerkast</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret (Unknown)</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>John Hagerkast</u>	How related to deceased <u>Son.</u>				

CAUSES OF DEATH

1115

PHYSICIAN
OR CORONER

Primary <u>Splenomegaly</u> ✓	How long <u>Unknown</u>
Immediate <u>Cardiac Failure</u>	How long <u>Sudden Termination</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. L. Wilkinson</u>
	Address <u>Raspeburg Ind</u>
Accident or Suicide? <u>Neither</u>	



Name
in
Full

Alice O'Geary

CERTIFICATE OF DEATH

Died at <u>Mt Hope</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>May</u> <small>Day</small> <u>27</u>		Age <u> </u> <small>Years</small>		<u> </u> <small>Months</small> <u> </u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>	
Occupation <u>Wife of Laborer</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Not Known</u>			
Father's Name <u>Not Known</u>		Father's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>" "</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Reeds Mt Hope</u>		How related to deceased <u>Not at all</u>			

CAUSES OF DEATH

Primary Mania Chr How long abt 20 yrs

Immediate See Sequence (Terminal) How long 3 or 4 mo

Are the name, age, sex, color, date and place correctly given above?

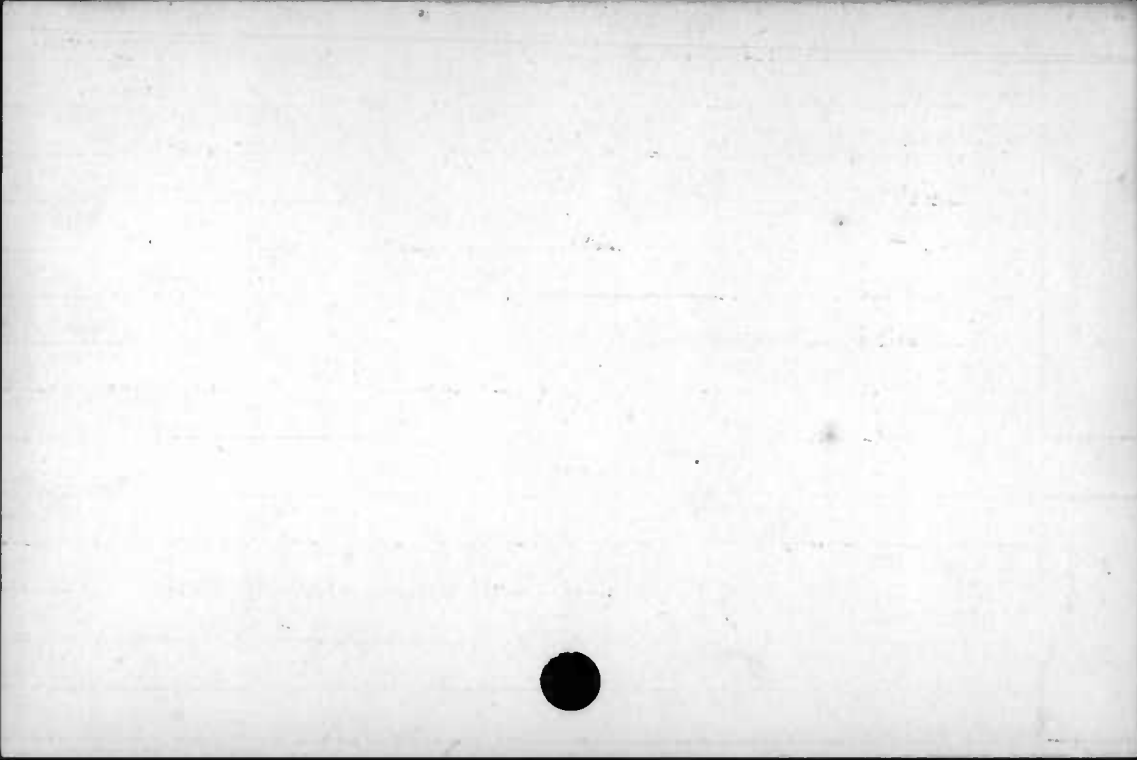
Signature of Physician

Address

Frank J. Flannery
Mt Hope Retreat
Baltimore Co Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Ormond.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pimlico* ^{Town}*Balto* ^{County}Date of death *1908 Aug* ^{Month}*15* ^{Day}Age *—* ^{Years}*3* ^{Months}*26* ^{Days}Sex *Male*Color or
Race *White*Birth-
place *Pimlico*Occupation *—*Where Residing if not
at place of death *Pimlico*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's Name *William Welsh.*Father's Birthplace *Wt Washington*Mother's Maiden Name *Nora Ormond.*Mother's Birthplace *Pimlico.*Name of person giving
In formation *Mary Ormond*How related
to deceased *Aunt.*

CAUSES OF DEATH

105Primary *Acute Colitis*How long *7 days.*Immediate *Convulsions*How long *half hour.*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician

Address

*W. L. Cox, M.D.,
Baltimore*

Accident or Suicide?

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

St. Mary's Cemetery
Groans
Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Aug.</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>63</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Caroline Ott.</i>				
Father's Name <i>John Ott</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Caroline Ott</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long	<i>4 months</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. W. M. Snigward</i>
		Address	<i>5 N. Washington St Balto. Md.</i>
Accident or Suicide? <i>no</i>			

1st Coangelic Country
Sept. 3rd 1908
H. Sander & Son.

Name
in
Full

Philip Reister Owings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

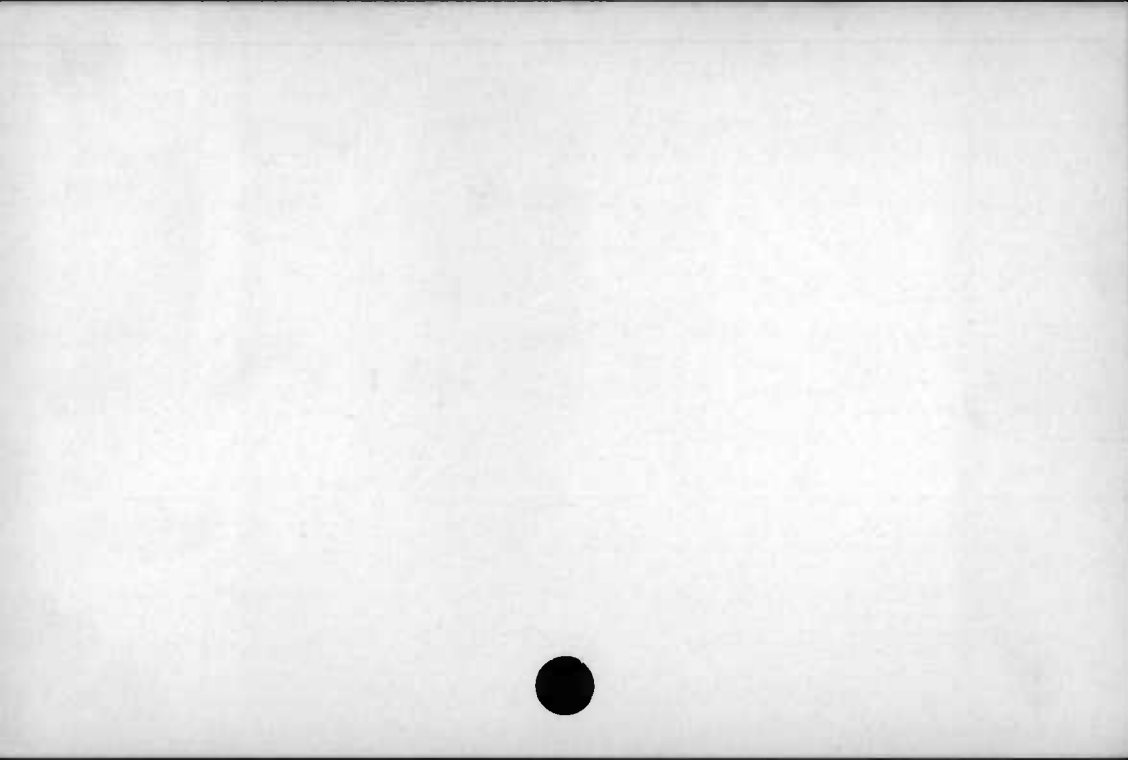
Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>11</i>	Age <i>88</i>	Months <i>4</i> Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan E. Owings</i>			
Father's Name <i>Levi Owings</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Hannah Reister</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Susan E. Owings</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Meningitis</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M.D.</i>
	Address <i>Reisterstown Md.</i>
<i>Reisterstown Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wilson - C. Pearce

Town *Garrison* County *Balto* MARYLAND

Died at *Garrison*

Date of death 190 *8* Month *Aug* Day *1* Age *—* Years *—* Months *8* Days *—*

Sex *Male* Color or Race *White* Birth-place *Balto, Co, Md.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George C Pearce* Father's Birthplace *Landolt, Co, Md.*

Mother's Maiden Name *Blanch Chenoweth* Mother's Birthplace *Balto, Co, Md.*

Name of person giving Information *George - C. Pearce* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Dyspeptic Diarrhea* How long *3 weeks*

Immediate *Transition & Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Louis Taylor* Address *Pikesville Md*

Accident or Suicide

Sater's Cemetery

Name
in
Full

Augustine Parker (Peters)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

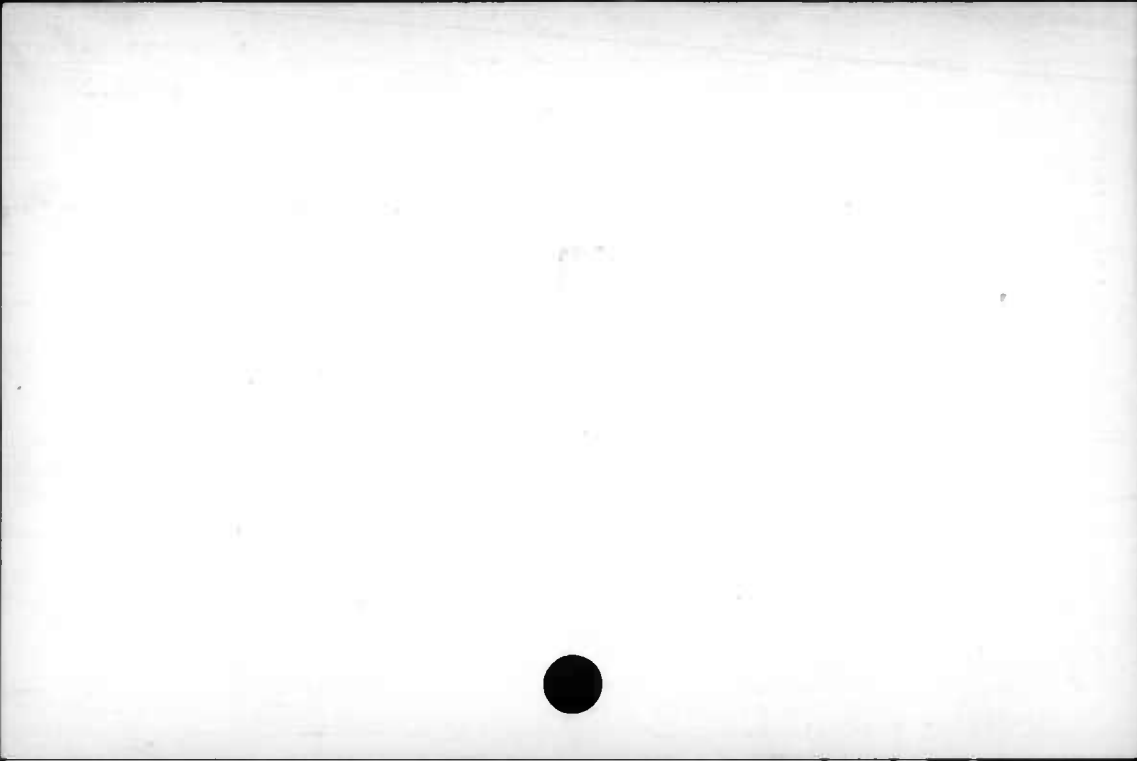
Died at ^{Town} <i>Int William</i>		^{County} <i>Balk.</i>		MARYLAND	
Date of death	1908	Month	<i>Aug</i>	Day	<i>1</i>
Age			Years	Months	<i>3</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Birthplace	<i>Baltimore</i>				
Occupation	<i>In farm</i>		Where Residing if not at place of death <i>Int William, Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>-</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>In asamus.</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Jones Jr M.D.</i>		
	Address <i>Int William, Md</i>		
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

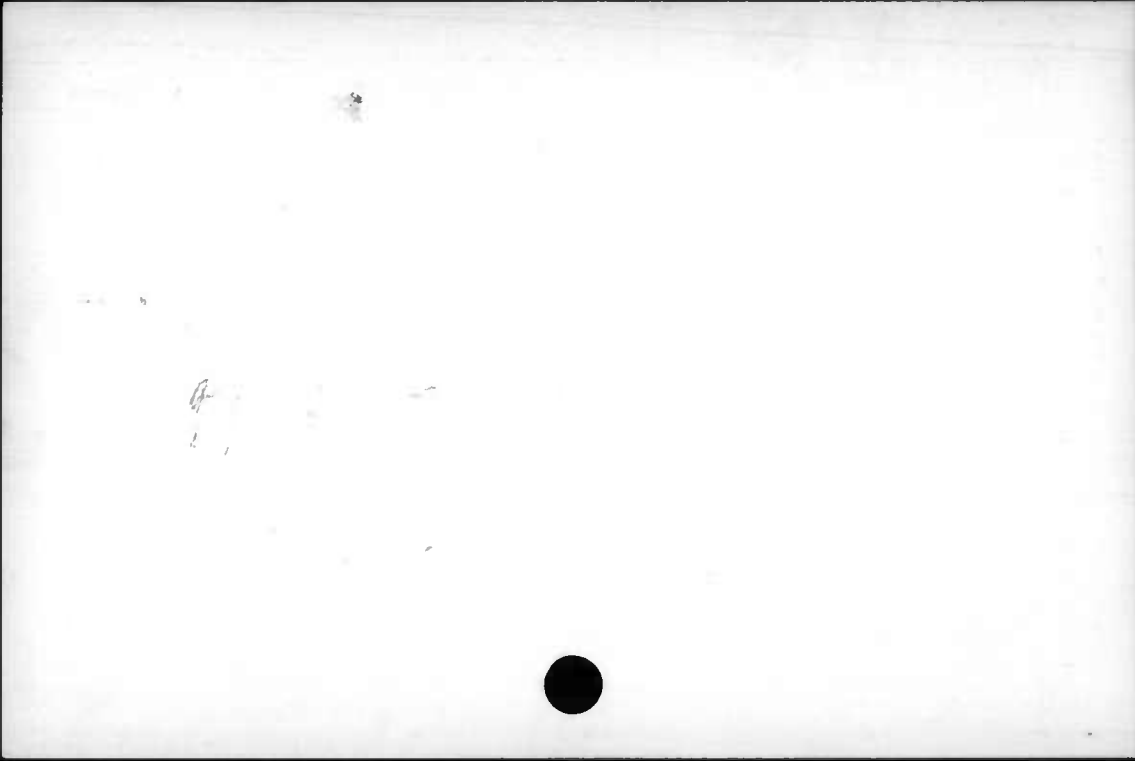
John P. Kelley
 Died at Mr Wilson Town Balto County MARYLAND
 Date of death 1908 Month Aug Day 28 Age 6 Years 6 Months 6 Days
 Sex male Color or Race white Birth-place Baltimore
 Occupation infant Where Residing if not at place of death Baltimore
 Married, Single or Widowed single Name of Wife or Husband _____
 Father's Name Unknown Father's Birthplace Unknown
 Mother's Maiden Name " Mother's Birthplace "
 Name of person giving Information _____ How related to deceased "

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Tubercular Pneumonia How long 3 weeks
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician John P. Kelley Jr. M.D.
 Address Mr Wilson
 Accident or Suicide ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

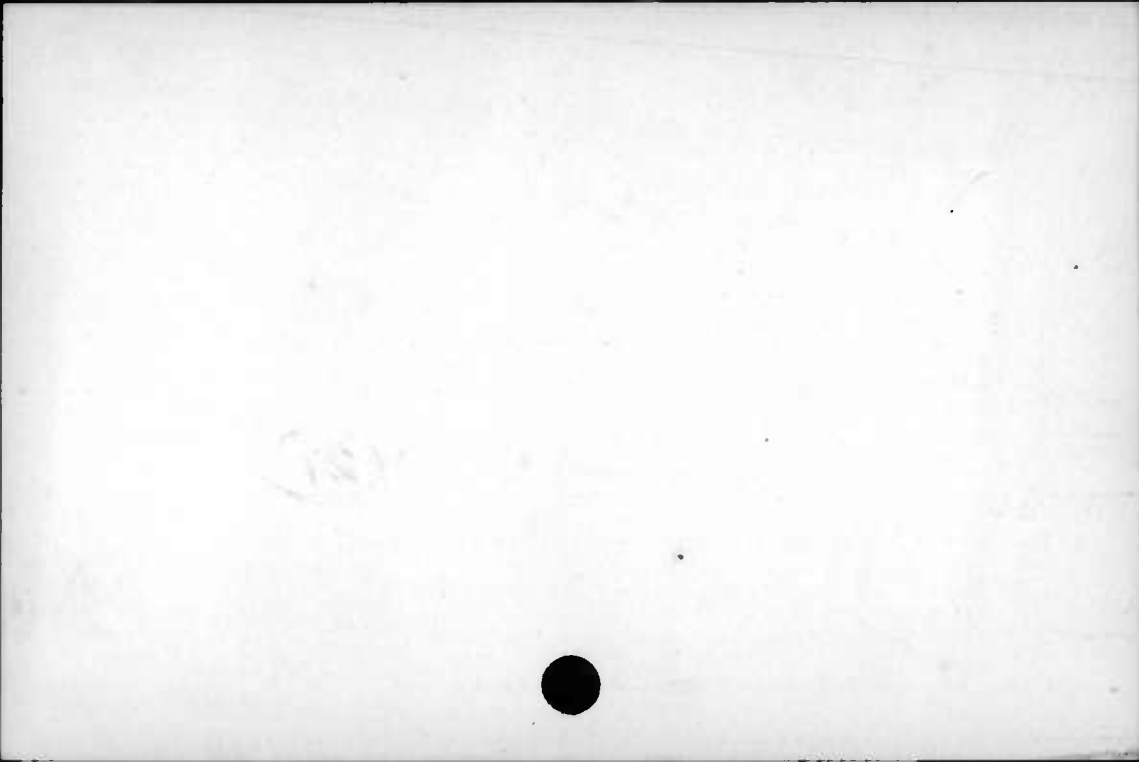
MARYLAND

Died at *Leatonville* ^{Town} *Balto.* ^{County}Date of death *1908* ^{Month} *Aug* ^{Day} *31* Age *57* ^{Years} Months DaysSex *Male* Color or Race *white* Birth-place *Virginia*Occupation *Librarian* Where Residing if not at place of death *X*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *unk*Father's Birthplace *unk*Mother's Maiden Name *unk*Mother's Birthplace *unk*Name of person giving information *—*How related to deceased *—*

CAUSES OF DEATH

27

Primary *Paranoia* How long *10 yrs*Immediate *Pulmonary Tuberculosis* How long *6 mos.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Percy Wade*Address *Leatonville, Ind*Accident or Suicide? *No.*



Name
In
Full

Fanny Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

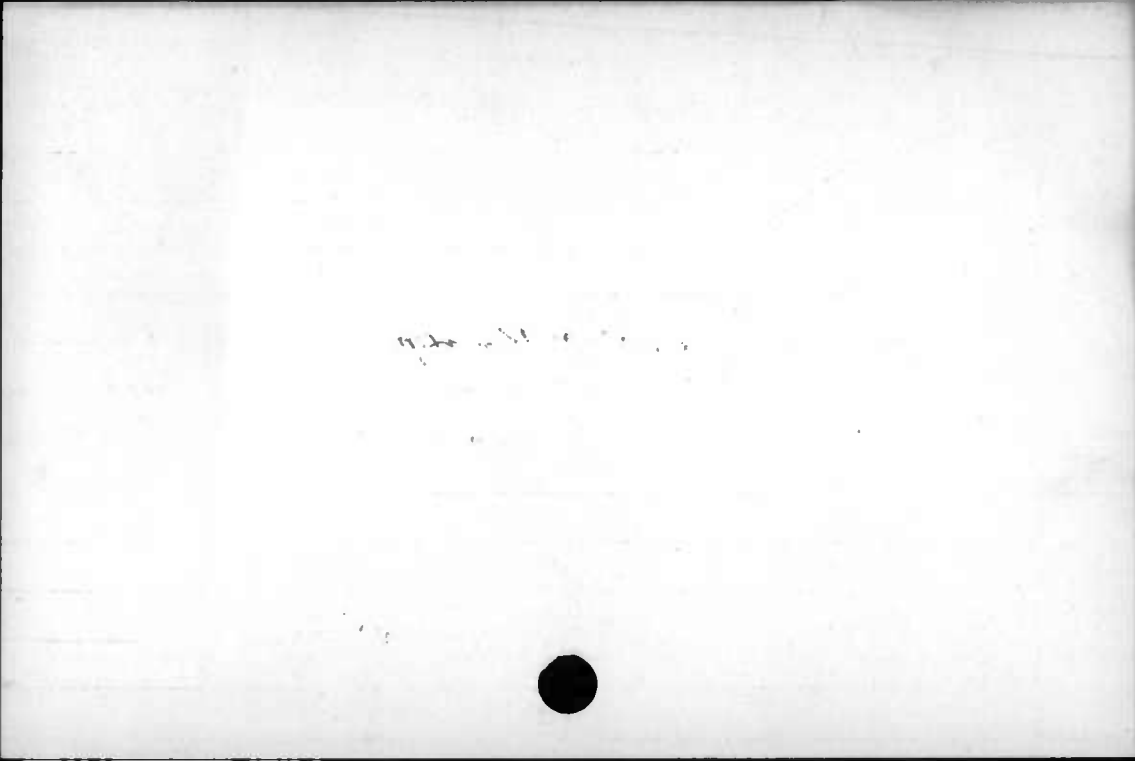
Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death		1908	Month Aug	Day 14	Age —	Years —	Months 6
Sex female		Color or Race Bl		Birth-place Baltimore			
Occupation In home		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Also Colic	How long	6 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Knox	
		Address Baltimore Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Logan Poulsen* Town *Glyndon* County *Baltimore* MARYLAND

Died at *Glyndon* Month *Aug* Day *16* Age *31* Years Months Days

Date of death *1908*

Sex *Female* Color or Race *white* Birth place *Wilmington, Del*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Marna S Poulsen*

Father's Name *Samuel G Logan* Father's Birthplace *Delaware*

Mother's Maiden Name *Mary C Poulsen* Mother's Birthplace *Delaware*

Names of person giving Information *Marna S Poulsen* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

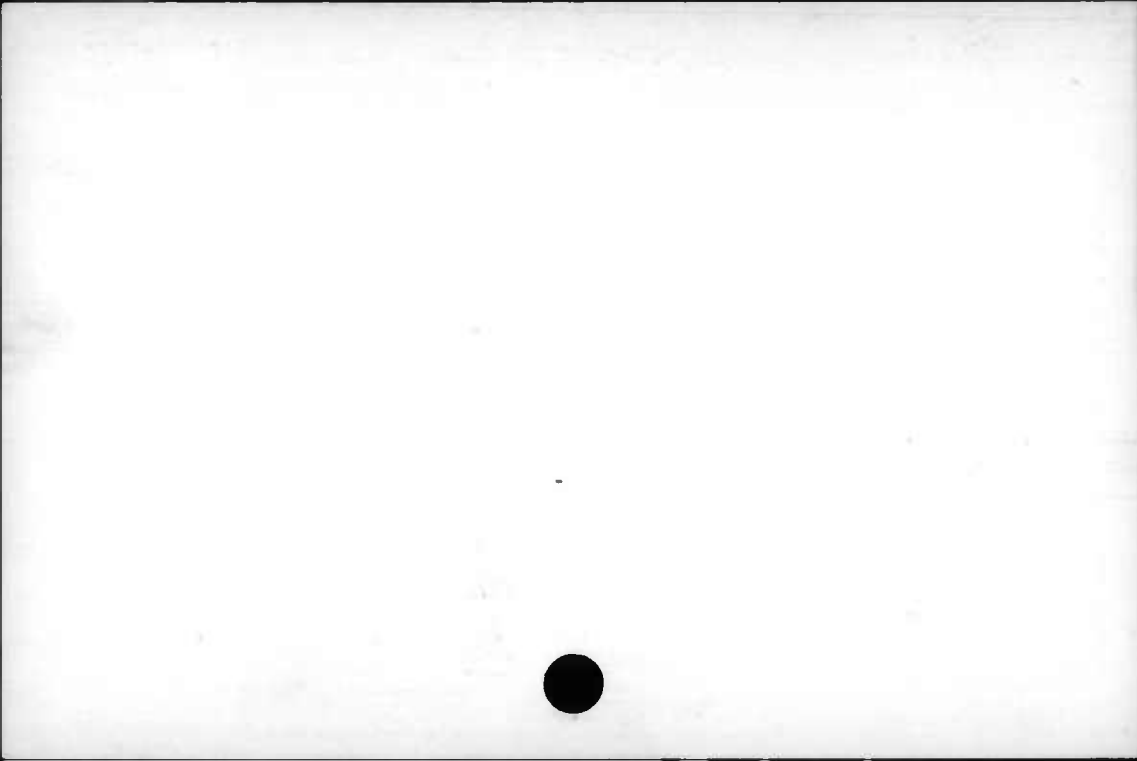
Primary *Culinary Tuberculosis* How long *1 year*

Immediate *Bleed Prostration & Heart failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. R. Wallace*

Address *Glyndon Md*

Accident or Suicide *4th District*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James R Preble</i>		Town <i>near Mt Hope</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>near Mt Hope</i>		Month <i>8</i>		Day <i>10</i>		Years <i>—</i>	
Date of death <i>1908</i>		Age <i>—</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bolts Co.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Near Mt Hope</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Elmer Preble</i>		Father's Birthplace <i>Maine</i>					
Mother's Maiden Name <i>Mary Halligan</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mary Preble</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 or 4 mos</i>
Immediata <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Md</i>
Accident or Suicide? <i>—</i>	

Bury at
St. Charles
Cemetery

Name
in
Full

Henry Quention

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Monrell Park		County Balto		MARYLAND	
Date of death		1908	Month Aug	Day 10	Age 28	Years	Months —
Sex male		Color or Race white		Birth- place Germany			
Occupation Machinist		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Martha Quention					
Father's Name Frederick Quention		Father's Birthplace Germany					
Mother's Maiden Name Magdalena Knopp		Mother's Birthplace Germany					
Name of person giving In formation Martha Quention		How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	4 wks
Immediate	Intestinal hemorrhage	How long	36 hrs.
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. L. M. Kieffer	
		Address Monrell Park	
		131 st District	
Accident or Suicide?			

Robt Brooks & Son

Calhoun & Hollins of

London Park Conn

Name

is
Full

CERTIFICATE OF DEATH

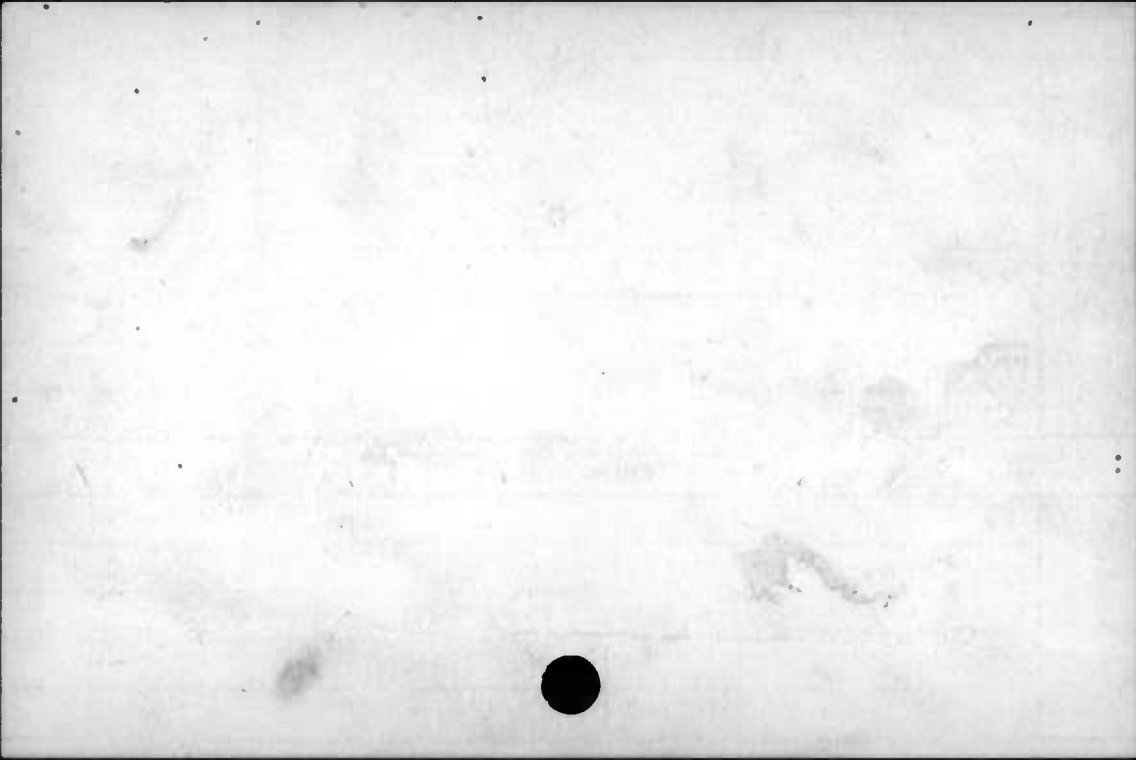
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Quickleyville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	Aug.	Day	22
Age	29	Years	4	Months	13
Sex	Female	Color or Race	Colored	Birth-place	Baltimore
Occupation	Housekeeping		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Benjamin Quickley</i>			
Father's Name	<i>Amos Harvey</i>			Father's Birthplace	<i>Hereford</i>
Mother's Maiden Name	<i>Mary E. Gassaway</i>			Mother's Birthplace	<i>Longgreen</i>
Name of person giving information	<i>Mary V. Harvey</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cyphus Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Brain Complication</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Chen</i>	
		Address <i>10th District Md.</i>	
Accident or Suicide?			



Name in Full		Herman H. Radecke				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Gardenville		County Baltimore		MARYLAND	
	Date of death	1908	Month 8	Day 16	Age 69	Years 4	Months 29
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Balt. Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Detrich H. Radecke				Father's Birthplace	Germany
PHYSICIAN OR CORONER	Mother's Maiden Name	Sophia Heddenman				Mother's Birthplace	Germany
	Name of person giving information	Henry F. Radecke				How related to deceased	Brother.
	CAUSES OF DEATH						(64)
	Primary	Cerebral Hemorrhage				How long	14 hours
Immediate	Cardiac Failure				How long	6 hours.	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
	Yes			A. L. Wilkison			
	Neither			Address Raspeburg, Md.			
Accident or Suicide?			Neither				

Roch & Son

Baltimore Cemetery

Name
in
Full

Lillie Rae

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Aug</i> <small>Month</small>		<i>6</i> <small>Day</small>	<i>33</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Patterson N.J.</i>		
Occupation <i>Maid</i>	Where Residing if not at place of death <i>Catonsville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>William Rae</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Mary Hall</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Maggie Espey</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Res. Sub (119)

PHYSICIAN
OR CORONER

Primary <i>Fecal fistula following Lofarotomy for</i>	How long <i>1 yrs</i>
Immediate <i>Acute Nephritis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B. West-</i>
	Address <i>Catonsville, Md.</i>
Accident or Suicide? <i>no</i>	

Ann. Cook.
522 E North Ave

Name
in
Full

Estelle Reeb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1117 North</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>1</i>	Month <i>Aug</i>	Day <i>23</i>	Age <i>/</i>	Months	Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>	
Occupation <i>infant</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information		How related to deceased <i>"</i>			

CAUSES OF DEATH

Primary <i>New - white</i>	<i>105</i> How long <i>15 days</i>
Immediate	How long

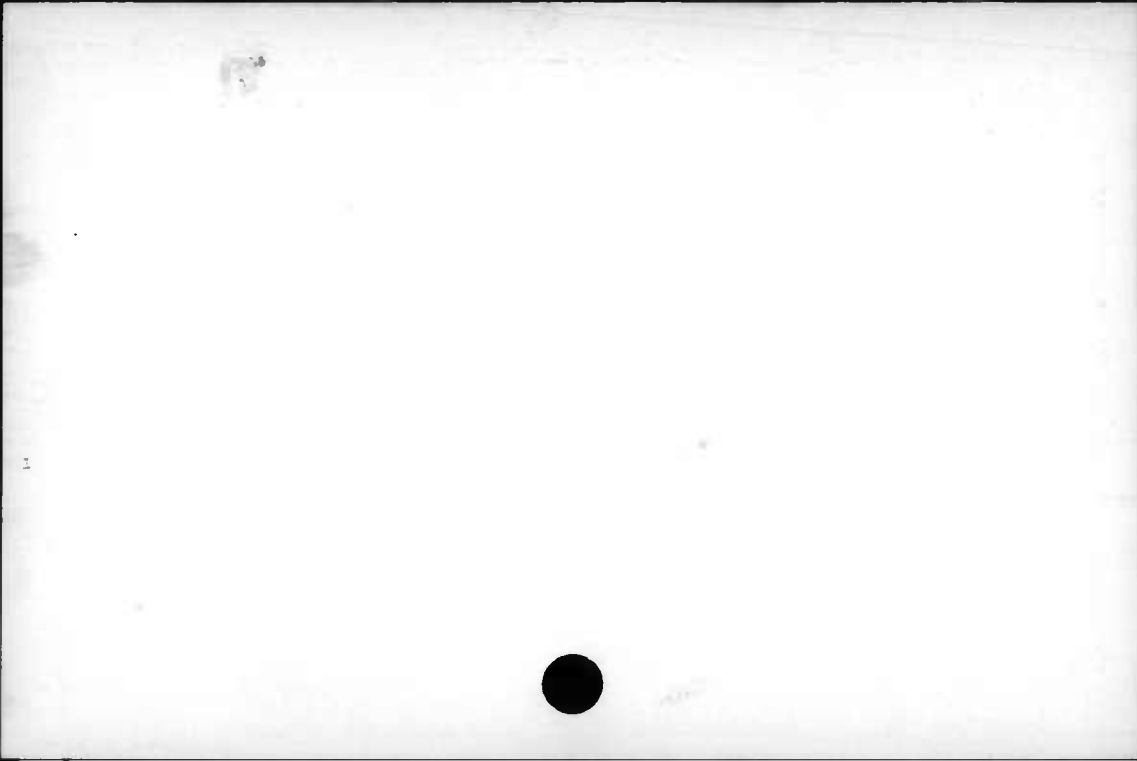
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908 Aug		8	8	8	8	8	8
Sex	Color or Race	Birth-place					
Female	White	Balto					
Occupation	Where Residing if not at place of death						
infant	Balto						
Married, Single or Widowed	Name of Wife or Husband						
single							
Father's Name	Father's Birthplace						
Unknown	Unknown						
Mother's Maiden Name	Mother's Birthplace						
'	'						
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
New - Cold	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide	



Name
in
Full

George Albert Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

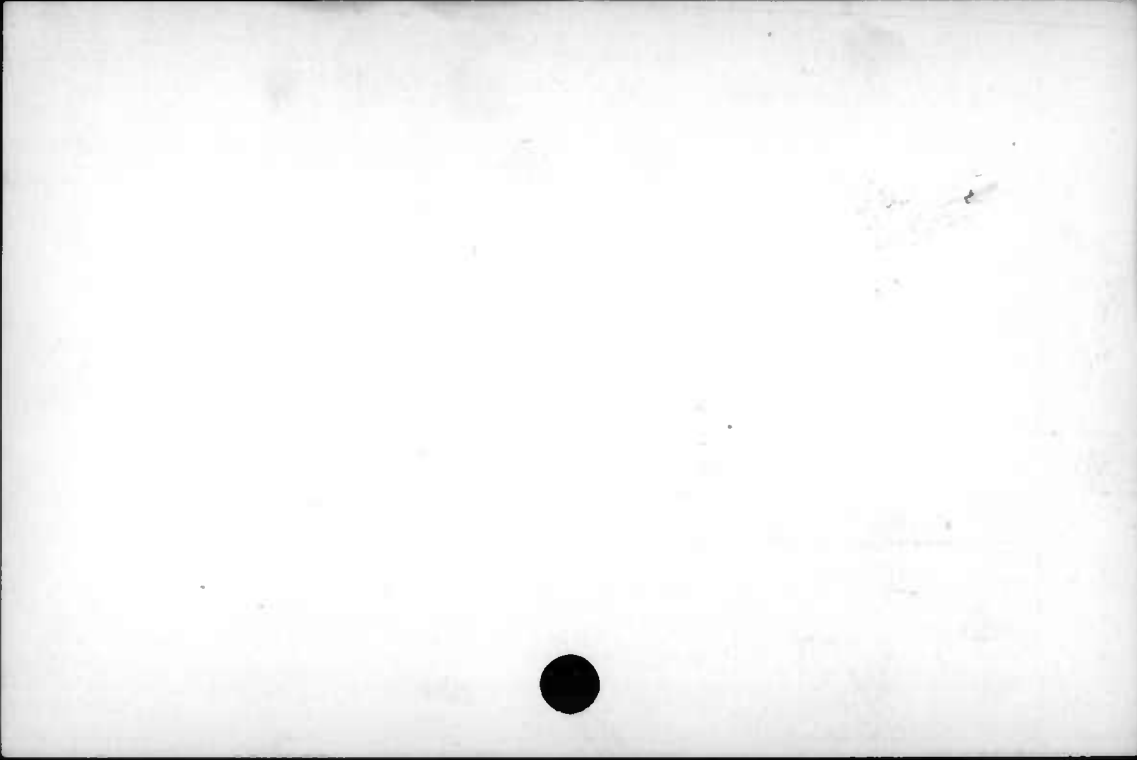
Died at ^{Town} <i>Washington</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	Aug	Day	21
Age	0	Years		Months	10
Sex	male	Color or Race	white	Birth-place	Balti City Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Isaac B Richard			Father's Birthplace	Md
Mother's Maiden Name	Alberta Saunders			Mother's Birthplace	Md
Name of person giving information	Fannie E Saunders			How related to deceased	Grandma

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Intestinal Toxemia	How long	Since July 5, 1908
Immediate	Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	William J Todd
		Address	Washington Md
Accident or Suicide?			



Name
in
Full

Anna M. Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Int Washington* TownCounty *Balt*

MARYLAND

Date
of death *1908*Month *8*Day *1*

Age

Years

Months *2*Days *7*

Sex

*Female*Color or
Race*White*Birth-
place*Washington D.C.*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Harry Riley*Father's
Birthplace*Ind*Mother's
Maiden Name*Katherine Coffey*Mother's
Birthplace*Ind*Name of person giving
In formation*Harry Riley*How related
to deceased*Father*

CAUSES OF DEATH

*151*PHYSICIAN
OR CORONER

Primary

Marasmus

How long

2 wks

Immediate

Inevitable

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Chas. Butler Ind*

Address

Int Washington

Accident or Suicide?

St. Marys
Interment - Govanstown

Undertaker - Horace Burgess

Name
in
Full

Howard Rustean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossville P. O.		County Balt.		MARYLAND	
Date of death		190	Month Aug	Day 10	Age 18	Months	Days
Sex male		Color or Race white		Birth- place Towson Md			
Occupation — clerk		Where Residing if not at place of death		Towson Md			
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name Wm M Rustean		Father's Birthplace Md					
Mother's Maiden Name Mary Annos		Mother's Birthplace Md					
Name of person giving Information Chris Chapman		How related to deceased —					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John W. Hannon Md	
		Address Middletown Md	
Accident or Suicide		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Julia Rogan

Town

County

Died at

Mt Winans

Baltimore

Date

1908

Month

Aug

Day

27

Age

Years

70

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Unknown

Occupation

Where Residing if not
at place of death

Mt Winans

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Hugh Rogan

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Katherine Seltmann

How related
to deceased

Daughter

CAUSES OF DEATH

106

Primary

Chronic Gastric & Intestinal
Catarrh

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. J. McHolman

Address

115 W Franklin

Accident or Suicide?

PHYSICIAN
OR CORONER

Wm J. Tucker

New Cathedral Cemetery

Name in Full		Certificate of Death			
Genevieve Rose		MARYLAND			
Died at ^{Town} Highlandtown ^{County} Balto.					
Date of death 1908 Aug. 7 th		Age 10		Months 7 Days 2	
Sex Female		Color or Race White		Birth-place Balto Md.	
Occupation None		Where Residing if not at place of death -			
Married, Single or Widowed Single		Name of Wife or Husband -			
Father's Name John T. Rose		Father's Birthplace Balto. Md.			
Mother's Maiden Name Emma Grey		Mother's Birthplace Balto. Md.			
Name of person giving information Emma Rose		How related to deceased Mother			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">106</div>					
Primary Cause Enteritis		How long 10 days			
Immediate Cause Exhaustion		How long 2 days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. J. Robertson			
		Address 4129 E. Baltimore St.			
Accident or Suicide? no					

Holy Cross Cemetery

Aug 9th 1908

Lilly and Zeiler
Undertakers

Name
in
Full

Edmund D. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

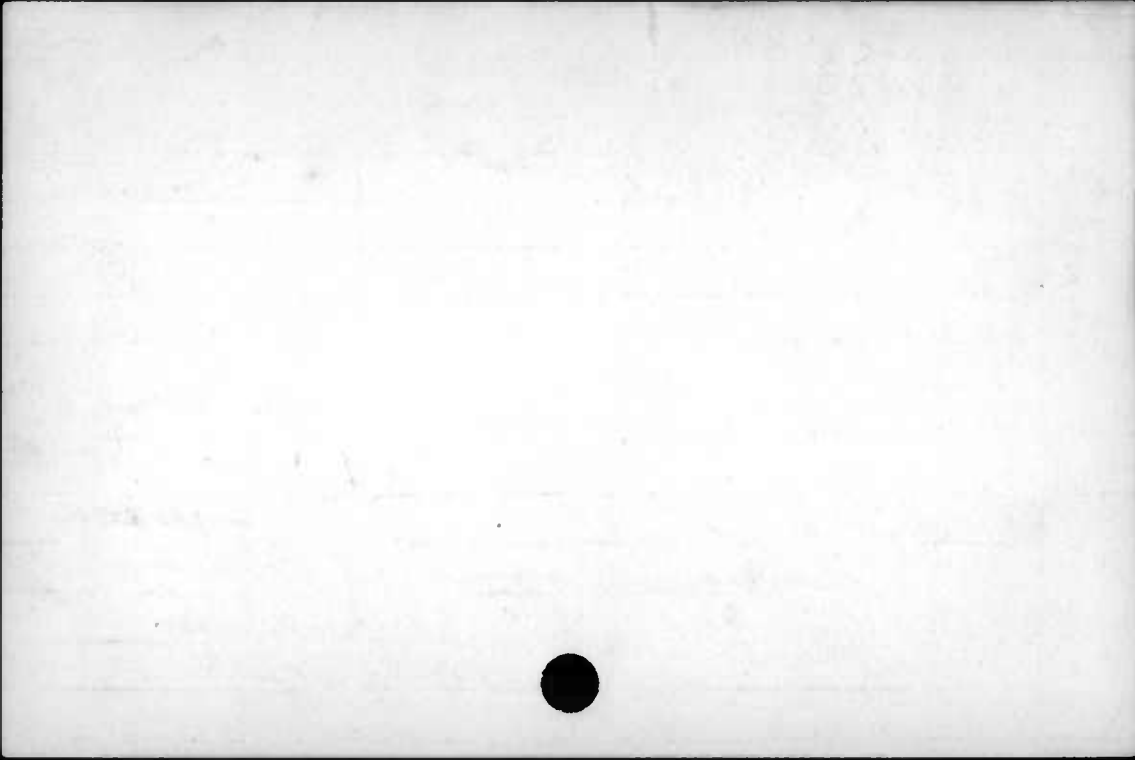
Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug.</i>	Day <i>10</i>	Age <i>34</i>	Years	Months	Days
Sex <i>M</i>	Color or Race <i>W.</i>		Birth-place <i>Balto.</i>				
Occupation <i>Book-keeper</i>	Where Residing if not at place of death <i>2823 - Frisby St.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Morgan</i>						
Father's Name <i>Jas. D. Ross.</i>	Father's Birthplace <i>Balto.</i>						
Mother's Maiden Name <i>Anne W. Wrenn</i>	Mother's Birthplace <i>Eng.</i>						
Name of person giving information <i>Mrs. Anne W. Ross</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>3 months</i>
Immediate <i>Dilatation of the heart</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Sandrock</i>
	Address <i>St. Agnes' Hospital</i>
Accident or Suicide?	



Name in Full		Roth				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tad Pt Rd.		County		Baltimore		
	Date of death	1908	Month	Aug	Day	15	Age	—
	Sex	male		Color or Race	white		Birth-place	Md.
	Occupation	none		Where Residing if not at place of death				
	Married, Single or Widowed	—		Name of Wife or Husband				
	Father's Name	Unknown				Father's Birthplace	Unknown	
	Mother's Maiden Name	Helen Roth				Mother's Birthplace	Md.	
Name of person giving information	Mary Roth				How related to deceased	Grandmother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(157)</div>								
PHYSICIAN OR CORONER	Primary	8 Mos. - chinch				How long	few hours.	
	Immediate	Insanition				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician			
					Address			
				Dr. F. R. Gantz				
				3241 Eastern Ave.				
				Accident or Suicide?				

1st German Cem

Aug 16th 1908

St Nicolaus & son

1820 Canton Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lewis Edwin Ruppert		Town Roslyn		County Baltimore		State MARYLAND	
Died at Roslyn		Month Aug		Day 7		Year 1908	
Date of death 1908 Aug 7		Age 4		Months 26		Days 26	
Sex Male		Color or Race White		Birthplace Roslyn		Where Reiding if not at place of death Roslyn	
Occupation 		Name of Wife or Husband Maylor W. Ruppert		Father's Birthplace Roslyn		Mother's Birthplace Goodlaw	
Father's Name Maylor W. Ruppert		Mother's Maiden Name Bessie G. Longlay		How related to deceased Son			
Name of person giving Information Father							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cause Chorea insipida		How long one week	
Immediate Cause Marasmus of Heart		How long one week	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. J. H. Kenna	
		Address 708 Inman St Baltimore City	
Accident or Suicide 			

Jos. B. Cook
and Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stephen Sadlon

Town

County

MARYLAND

Died at

Spinnis Point

Baltimore

Date

1908

Month

Aug.

Day

6

Age

Years

-

Months

16

Days

-

Sex

Male

Color or
Race

White

Birth-
place

Spinnis Point

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Paul Sadlon

Father's
Birthplace

Austria

Mother's
Maiden Name

Annie Drohock

Mother's
Birthplace

Austria

Name of person giving
In formation

Paul Sadlon

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Gastric-Enteritis

How long

1 Month

Immediate

Exhaustion

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. C. Edwards M.D.

Address

Spinnis Point
Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER

St. Stanislaus

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1908

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Dr. Appender,

Aug 9/08.

C. B. Gantz —
Roxville Ind.

Name
in
Full

Mary L Schaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

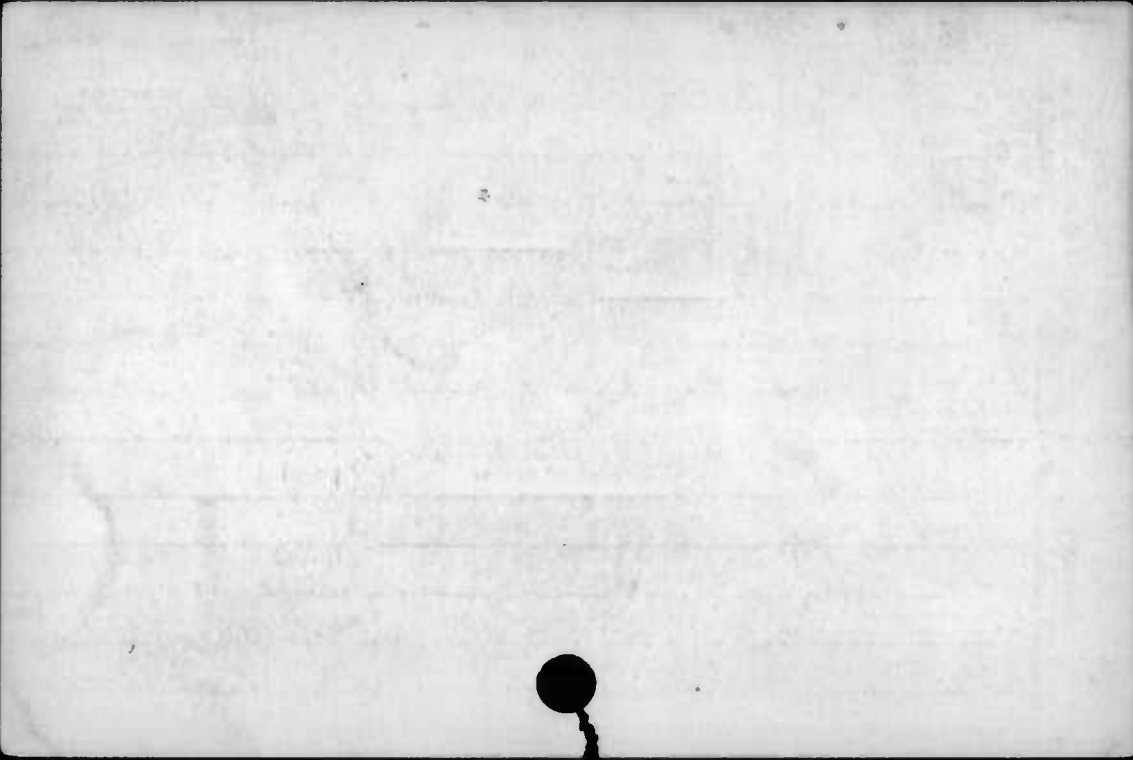
Died at <i>Viola, Md</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>8</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>13</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Wom</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>John Schaffer</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary L Wehrheim</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Miriam Wedon</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>11 days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>ZB Hall</i>
	Address <i>Mr Wilson</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Gertrude E.

Schmitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Raspeburg</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>8</u> ^{Month}	<u>15</u> ^{Day}	Age <u> </u> ^{Years}	<u>7</u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Raspeburg Ind.</u>			
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>August Schmitt</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Hannie Gallery</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>August Schmitt</u>			How related to deceased <u>Farther</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Infantile diarrhea</u>	How long <u>6 weeks</u>
Immediate <u>Acute Gastro-enteritis</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. L. McKisson</u>
	Address <u>Raspeburg, Ind.</u>
Accident or Suicide? <u>Neither</u>	

Wipfel

Holy Redeemer

Name
in
Full

Oliver Ellis Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gerry Hall</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>20</i>	Age	Years <i>9</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Alberd Schroeder</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rosa Miller</i>			Mother's Birthplace _____		
Name of person giving information <i>Alberd Schroeder</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Prob. Krum</i>	How long _____
Immediate <i>Acute Angerlin of Brain and spine cord -</i>	How long <i>24 hours -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Green</i>
	Address <i>Stittings, Md.</i>
Accident or Suicide?	

St Michael
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

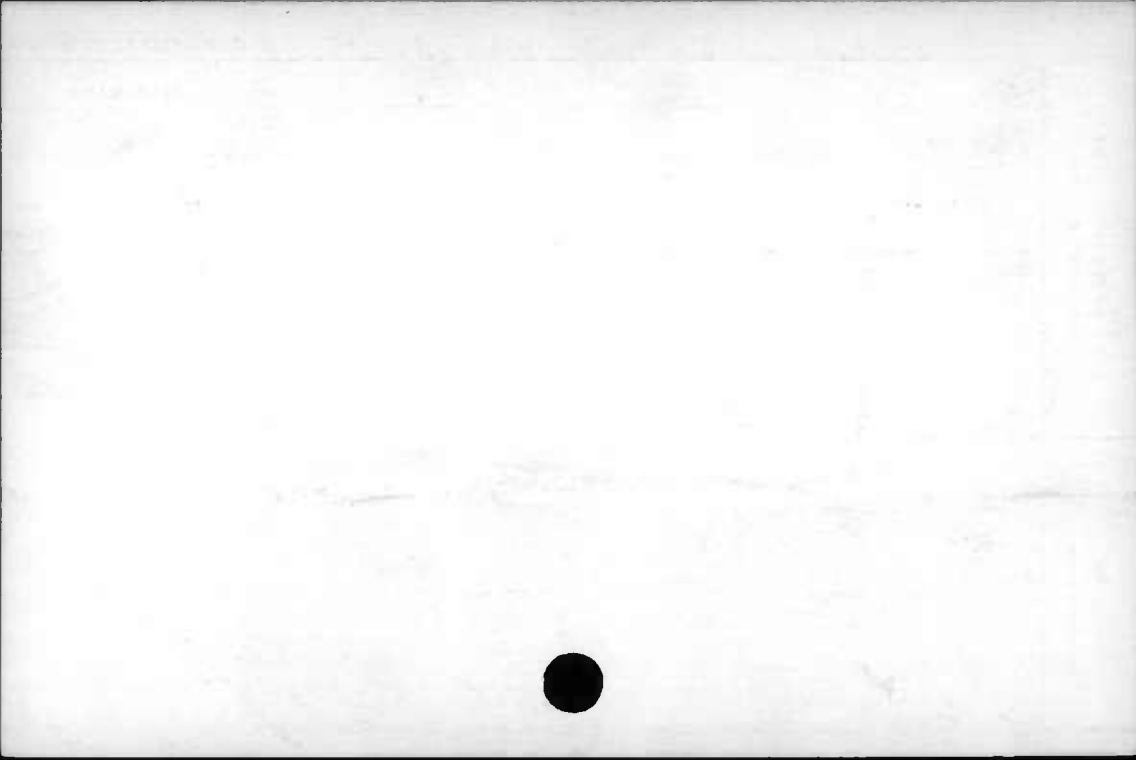
Name <i>Joseph Schulmeyer</i>		Town <i>Highland town</i>		County <i>Balto.</i>		MARYLAND	
Died at		Month <i>Aug.</i>		Day <i>18</i>		Age <i>27</i>	
Date of death <i>1908</i>		Years <i>2</i>		Months <i>27</i>		Days <i>27</i>	
Sex <i>Male</i>		Color or Rsc <i>White</i>		Birth- place <i>Balto Co.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>3208 Fair Ave.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Theodore Schulmeyer</i>		Father's Birthplace <i>Balto, Md.</i>					
Mother's Maiden Name <i>Anna Ruhland</i>		Mother's Birthplace <i>Balto, Md.</i>					
Name of person giving Information <i>Anna Ruhland</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro Intestinal Congestion</i>		How long <i>3 weeks</i>	
Immediate			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henrietta Thomas M.D.</i>	
		Address <i>Mt. Wilson Sanitarium</i>	
Accident or Suicide			



Name
In
Full

Helen Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Banton</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>17th</i>	Years <i>—</i>	Months <i>—</i>	Days <i>8 Hours</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Scott</i>		Father's Birthplace <i>Balto Md.</i>					
Mother's Maiden Name <i>Mary Bare</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>John Scott</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Congenital Cardiac Disease</i>	How long <i>2 1/2 hours</i>
Immediate	<i>Cyanosis</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Burke M.D.</i>
		Address <i>304 2 Hudson</i>
Accident or Suicide?		

Sacred Heart Cemetery

Aug 18th / 1908

Lilly and Zeiler
Undertakers

Name
in
Full

Hellen Lucase Scrimer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Glyndon Town Bal County

Date of death 190 6 Aug Month 26 Day Age 3 Years 1 Months

Sex Female Color or Race White Birth-place Glyndon

Married, Single or Widowed Single Occupation —

Name of Wife or Husband —

Father's Name Elmer Scrimer Father's Birthplace Cumtoll Is Md

Mother's Maiden Name Mary Badcker Mother's Birthplace Bal Is Md

Name of person giving information Elmer Scrimer How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Enteritis How long 15 days

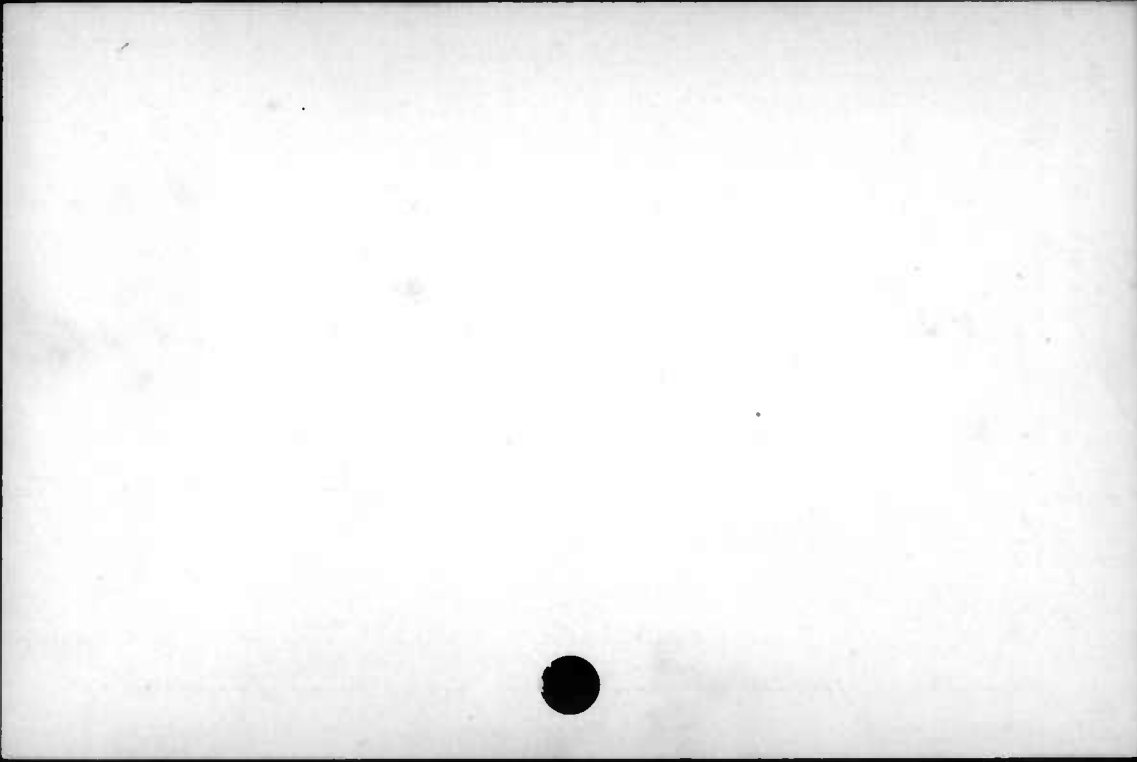
Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Franklin H. Ebb

Address Reisterstown

Accident or Suicide? not



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

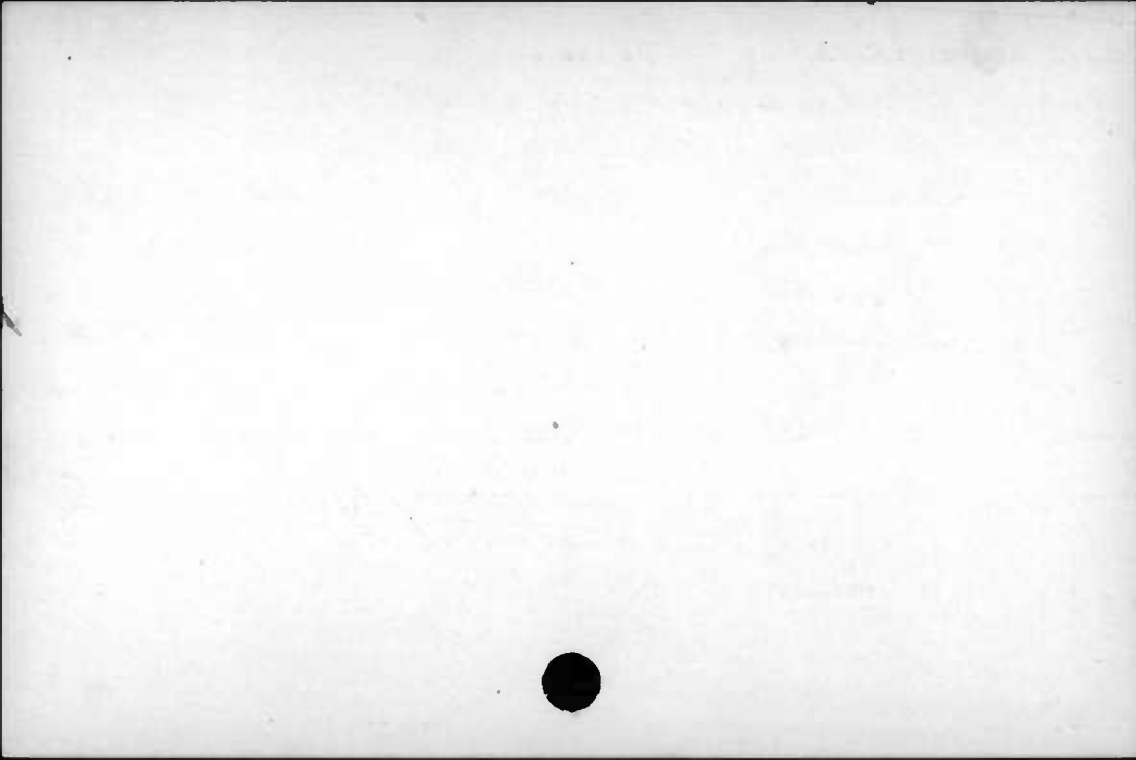
Died at <u>Granite</u> <small>Town</small>		<u>Bath</u> <small>County</small>		MARYLAND	
Date of death	1908	Month	Aug	Day	26
Age	47	Years		Months	
Sex	male	Color or Race	white	Birth-place	Scotland
Occupation	Stone cutter		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name	Frederick Shaur			Father's Birthplace	Scotland
Mother's Maiden Name	Mary Dawson			Mother's Birthplace	Scotland
Name of person giving information	Edgar Shaur			How related to deceased	Brother

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	apoplexy	How long	7 days
Immediate	Coma	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. J. [Signature]	
		Address	
		[Signature]	
Accident or Suicide?			
		[Signature]	



Name
in
Full

Emma Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

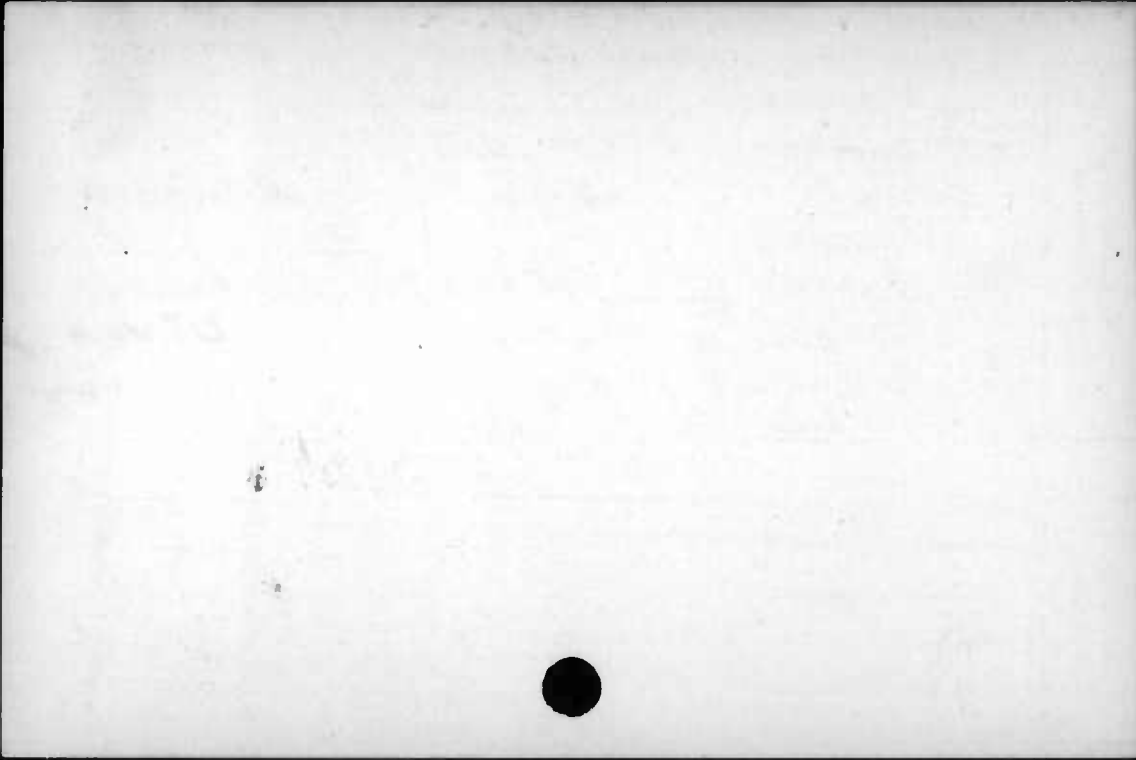
Died at <u>Reisterstown</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>aug</u> <small>Day</small>	<u>9</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>white</u>	
Occupation	<u>Domestic</u>		Birth-place	<u>Balto co Md</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>William L. Shriver</u>	
Father's Name	<u>Phillip D. Thomas</u>		Father's Birthplace	<u>St. Louis, Mo.</u>	
Mother's Maiden Name	<u>Elizabeth A. W. Dwyer</u>		Mother's Birthplace	<u>Balto co Md</u>	
Name of person giving information	<u>William L. Shriver</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>3 yrs</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. M. Mader</u>	
		Address <u>Reisterstown Md.</u>	
Accident or Suicide?		<u>4th District</u>	



Name
in
Full

Burkard Siebenhaar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Canton		^{County} Balto.		MARYLAND	
Date of death	1908	Month	Aug	Day	6 th
Age		47		Years	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Barber		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie M. Siebenhaar		
Father's Name	George Siebenhaar		Father's Birthplace	Germany	
Mother's Maiden Name	Don't Know		Mother's Birthplace	Germany	
Name of person giving information	Annie M. Siebenhaar		How related to deceased	Wife	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Five days
Immediate	Asthma	How long	One day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ed Siebenhaar	
Address		1504 E Eager St	
Accident or Suicide?		12 th Street Balto City	

Lilly and Zeiler

Sacred Heart Cemetery

Aug. 10th 1908.

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

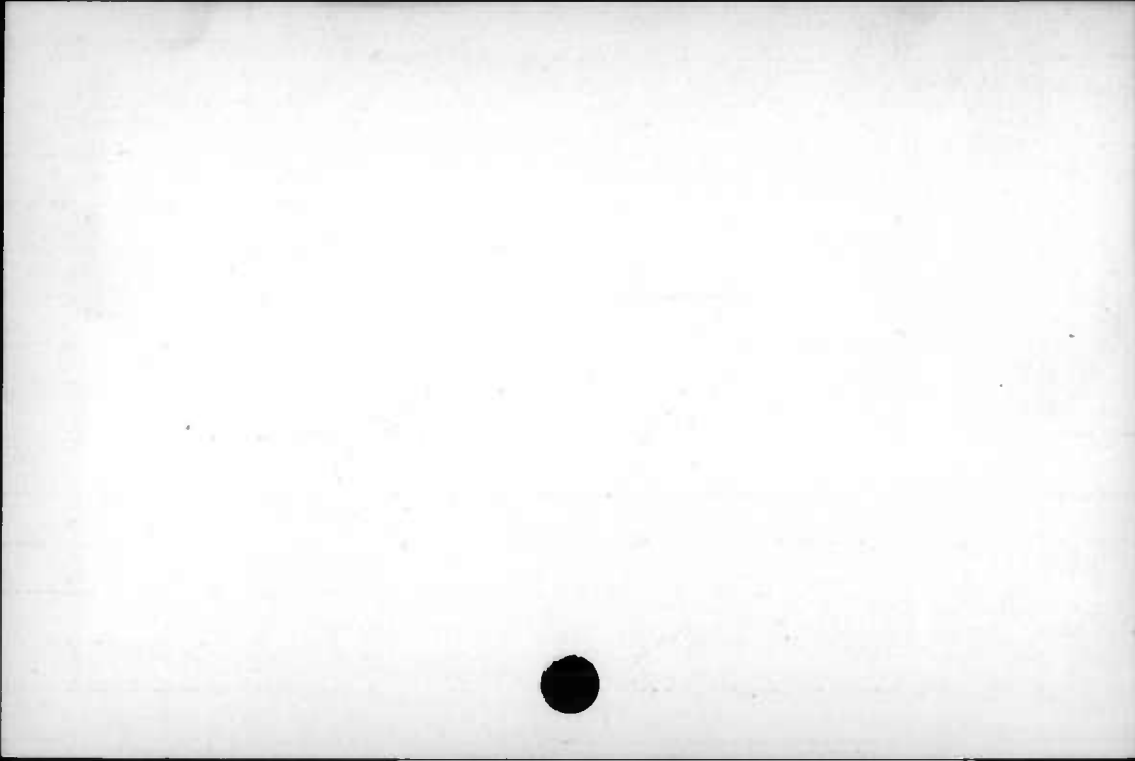
Died at		Town M W Llan		County Balt		MARYLAND		
Date of death		190	Month Aug	Day 18	Age —	Years —	Months 11	Days —
Sex male		Color or Race —		Birth-place Balt.				
Occupation B. font.		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name Samuel Simon		Father's Birthplace Unknown						
Mother's Maiden Name Unknown		Mother's Birthplace Unknown						
Name of person giving information		How related to deceased						

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Suppurative demoman	How long	2 wks
Immediate	Acute nephritis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Knapp Jr	
		Address M W Llan, Md.	
Accident or Suicide?			



Name
in
Full

Martha R. Slack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Arlington* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death **1908** *Aug* ^{Month} *30* ^{Day} *77* ^{Years} *77* ^{Months} *77* ^{Days}

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Arlington Md*

Married, Single or Widowed *married* Name of Wife or Husband *Jno W. Slack*

Father's Name *Henry Brown* Father's Birthplace *England*

Mother's Maiden Name *Francine Miller* Mother's Birthplace *Delaware*

Name of person giving information *Jno W. Slack* How related to deceased *Husband*

CAUSES OF DEATH

64

Primary *Apoplexy* How long *one hour*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Edwin E. Jones

Address

*Arlington**Maryland.*

Accident or Suicide?

Western Cemetery
Jos B. Cook

Name
in
Full

Eva Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at *Canton* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death 190 *8 Aug* ^{Month} *3rd* ^{Day} Age *1* ^{Years} *1* ^{Months} *—* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Va.*

Occupation *—* Where Residing if not at place of death *3703 2nd Ave.*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wm. Smith* Father's Birthplace *Va.*

Mother's Maiden Name *Mary Broun* Mother's Birthplace *Ind.*

Name of person giving Information *Wm. Smith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Gastro-Enteritis.* How long *20 days*

Immediate *Exhaustion.* How long *from time,*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Caroline B. Towles

John's Hopkins Disp.

Balto. Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Alex. Hensley,
578 W. Biddle St.

Funeral Committee
Aug 4th / 08

Name
in
Full

CERTIFICATE OF DEATH

Louise M. M. Smith

Town

County

Died at *white marsh*

Dalls

MARYLAND

Date of death *1908 Aug*

Day *17*

Age *54*

Months *8*

Days *✓*

Sex *Female*

Color or Race *white*

Birth-place *Ger many*

Occupation *house wife*

Where Residing if not at place of death

same

Married, Single or Widowed *widowed*

Name of Wife or Husband *Conrad Smith*

Father's Name *Henry Wrenwrich*

Father's Birthplace *Ger many*

Mother's Maiden Name *Elizabeth Wagner*

Mother's Birthplace *Ger many*

Name of person giving information *Geo. Smith*

How related to deceased *Son*

CAUSES OF DEATH

106

Primary *Gastro enteritis*

How long *4 weeks*

Immediate *Proctocolitis & tumor*

How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes,*

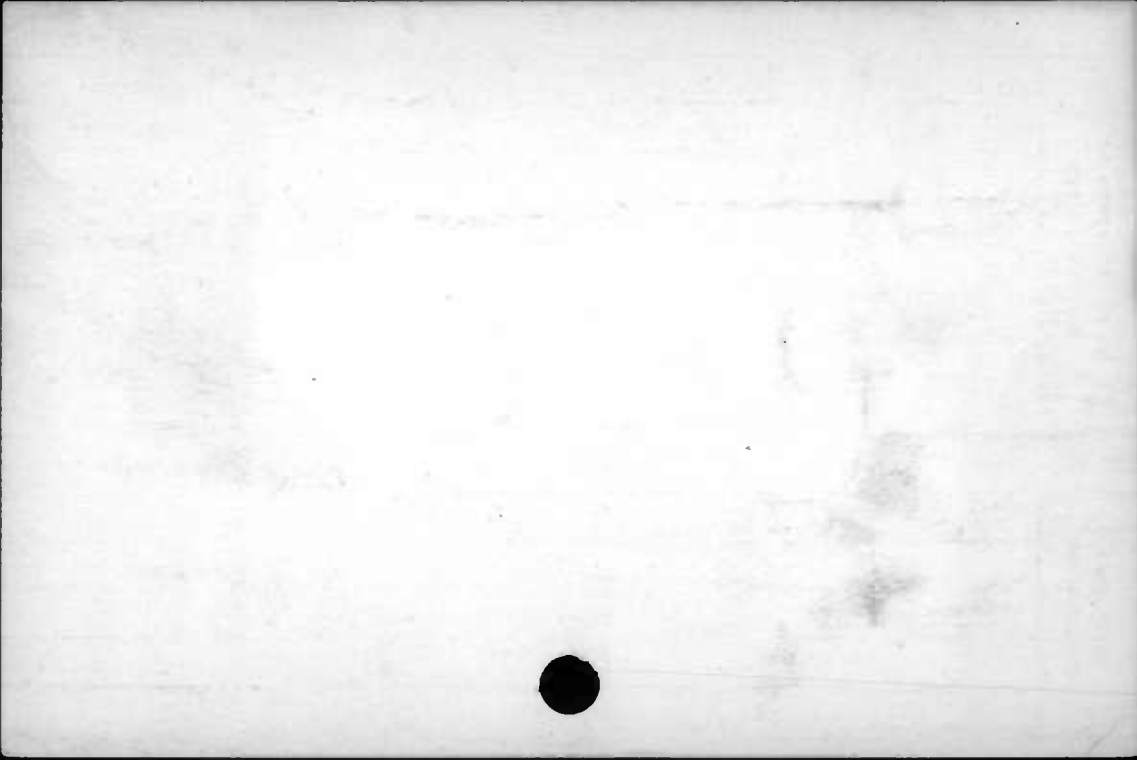
Signature of Physician *J. F. H. Gossard*

Address *Fork Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In Full

Thomas Smyth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

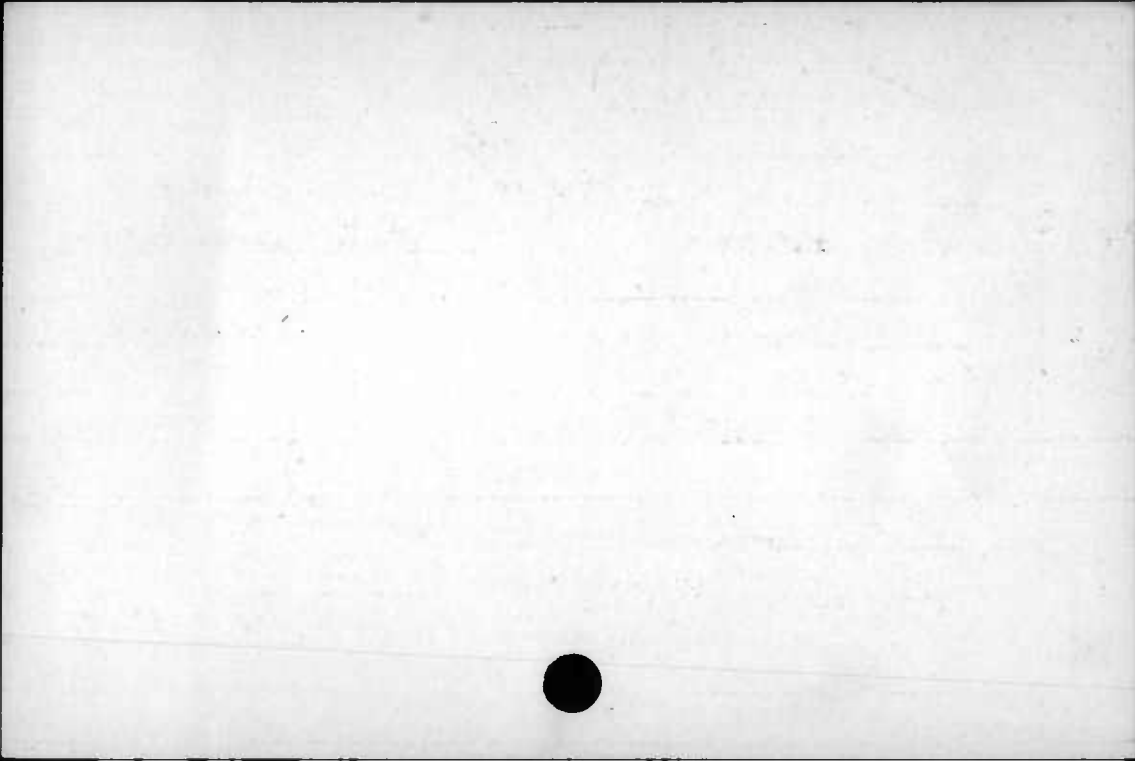
Died at <i>Mt Hope Reformatory</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>29</i>	Years <i>58</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Ireland</i>		
Occupation <i>Clergyman</i>	Where Residing if not at place of death <i>New York City</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Reeds Int Home</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>7 or 8 yrs</i>
Immediate <i>Albumenuria Diabetes</i>	How long <i>7 or 8 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Flannery</i>
	Address <i>Mt Hope Reformatory</i>
	<i>Mt Hope Md.</i>
Accident or Suicide?	



Name
in
Full

Arnie Maria Staudenmayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hamilton ^{Town} Balto ^{County} MARYLAND

Date of death: 1908 ^{Month} 8 ^{Day} 4 ^{Years} Age 86 ^{Months} 3 ^{Days —}

Sex Female Color or Race white Birth-place Europe

Occupation Housewife Where Residing if not at place of death Hamilton Ind

~~Married, Single or Widowed~~ Name of ~~Wife~~ ^{Husband} Jacob Staudenmayer

Father's Name John Brown Father's Birthplace Europe

Mother's Maiden Name Annie Brown Mother's Birthplace ..

Name of person giving information Geo C Staudenmayer How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Smility Hunting

Immediate Asphritis 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Walter H. Kinal

Address Hamilton, Md.

Accident or Suicide? —

Linden Park

Name
in
Full

Robert Lee Tauber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 133 Maryland Ave		Town		Baltimore		County		BALTO CO		MARYLAND	
Date of death 1908		Month Aug.		Day 2		Age 1		Years 6		Days 10	
Sex Male		Color or Race White		Birth-place Maryland							
Married, Single or Widowed Single		Occupation none									
Name of Wife or Husband											
Father's Name Francis Tauber						Father's Birthplace Maryland					
Mother's Maiden Name Bessie Wood						Mother's Birthplace Virginia					
Name of person giving information Francis Tauber						How related to deceased Father					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary Tuberculosis		How long Two months	
Immediate Meningitis		How long Four days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Walter A. Copman	
		Address 34 S Fulton Ave	
Accident or Suicide?			

13

Western Cemetery

Name
in
Full

Margaret Elizabeth Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

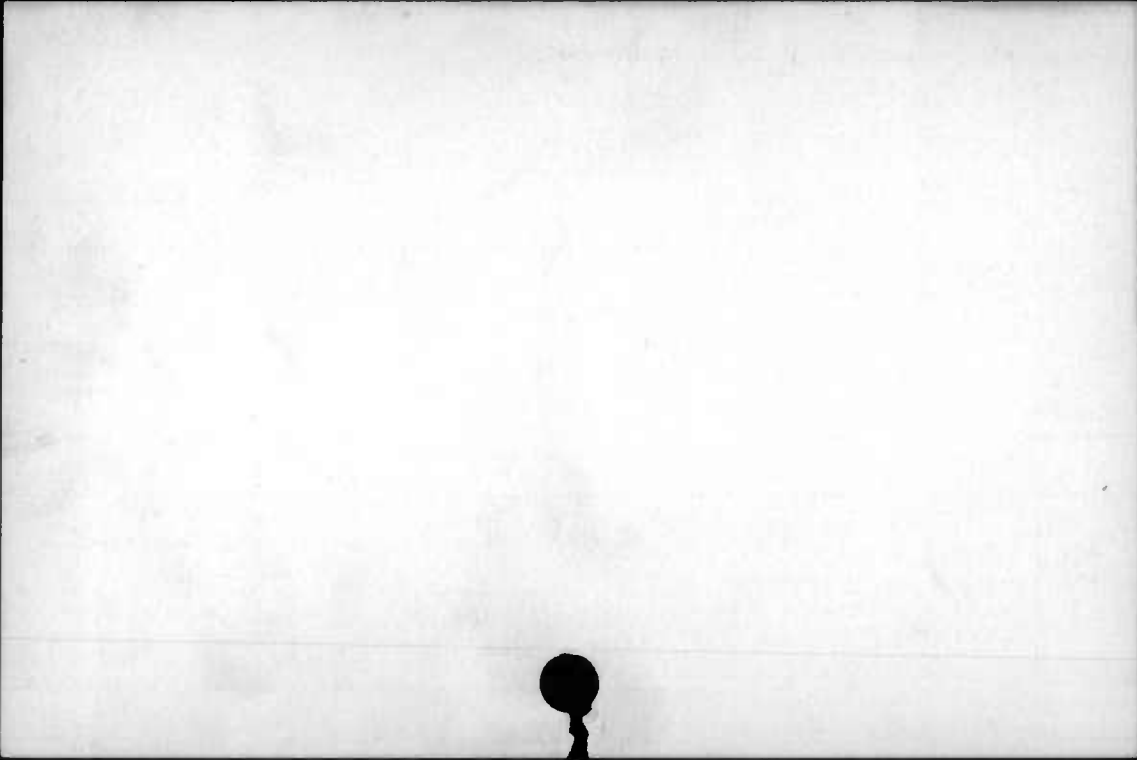
Died at <i>Fredland</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1908	Month	Aug.	Day	18	Age	Years
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>2</i> Days <i>5</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Cleveland Taylor</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Grace Mcleary</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Cleveland Taylor</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	How long <i>Ten days</i>
Immediate <i>Pneumonia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph D. Deedman</i>
	Address <i>Fredland</i>
Accident or Suicide?	<i>6th District Backs. lot. 6</i>



Name
in
Full

Francis Pursh Tracy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

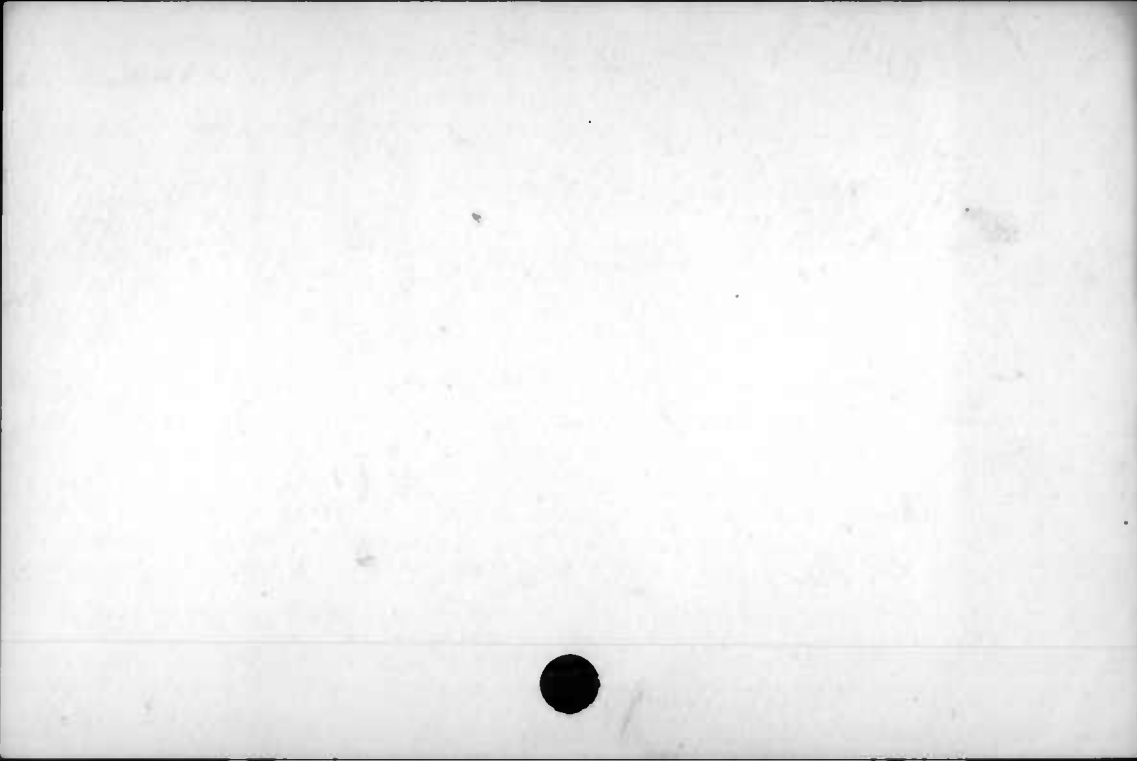
Died at <i>Waverly</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>aug</i>	Day	<i>8</i>	Age	<i>2</i>	Years	<i>X</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Waverly Md</i>				
Occupation				Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed	<i>X</i>			Name of Wife or Husband <i>X</i>					
Father's Name	<i>Pursh Albion</i>				Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name	<i>Louisa Bell Tracy</i>				Mother's Birthplace <i>Baltimore</i>				
Name of person giving information	<i>Walter Tracy</i>				How related to deceased <i>brother</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>10 days</i>
Immediate	<i>General Faint Spins</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. E. Brown</i>	
		Address	
		<i>600 N. York St.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

7 Barry Trainor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

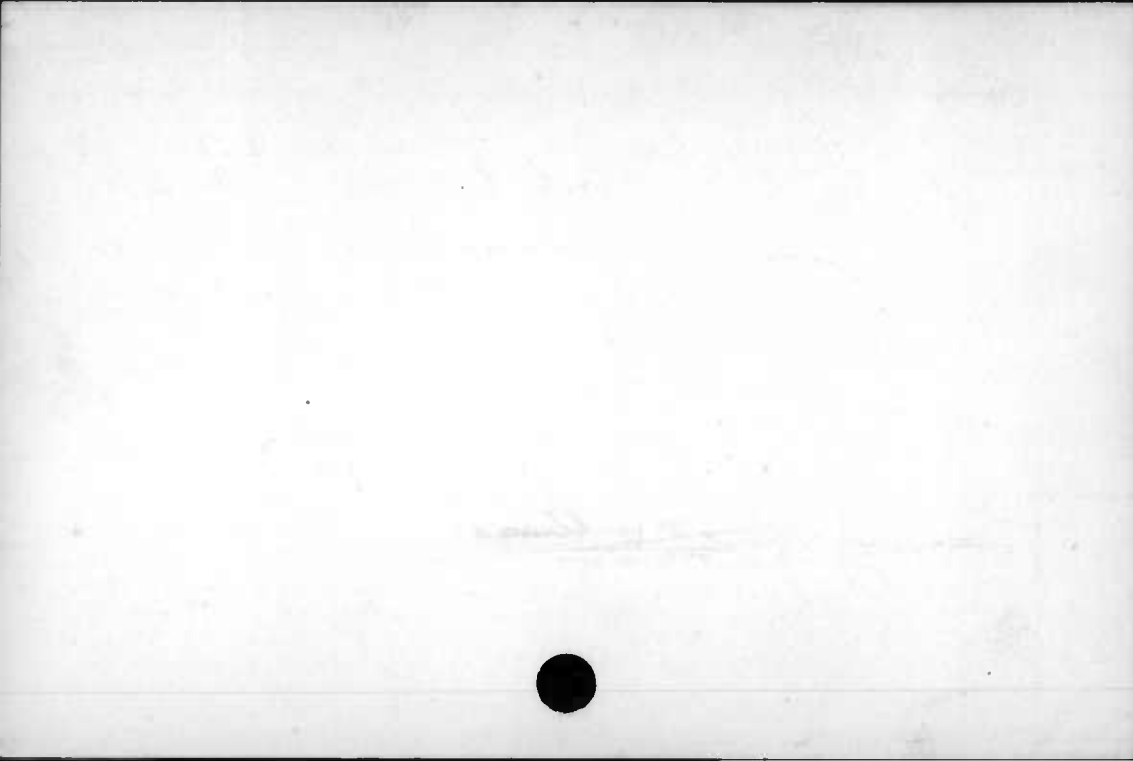
Died at		Morgue Park		County		Baltimore		MARYLAND	
Date of death	1908	Month	Aug	Day	13	Age	—	Months	9
Sex	male		Color or Race	white		Birth-place	Md		
Occupation				Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband		—			
Father's Name		Geo. Trainor				Father's Birthplace		Md	
Mother's Maiden Name		Mollie Clonney				Mother's Birthplace		Md	
Name of person giving information		Geo Trainor				How related to deceased		father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Accident	How long	3 wks
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. S. M. Kieffer	
Address		Morgue Park Baltimore	
Accident or Suicide?			



Name
in
Full

Laura J. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamilton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>8</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>72</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>25</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Hamilton Baltimore Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Richard Turner</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Loritha Thomas</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Adela Eberle</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long
Immediate <u>Apoplexy</u>	How long <u>4 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter H. Kirsh</u>
	Address <u>Hamilton, Md.</u>
Accident or Suicide? <u>No</u>	

Albert & Fuller

London Park

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

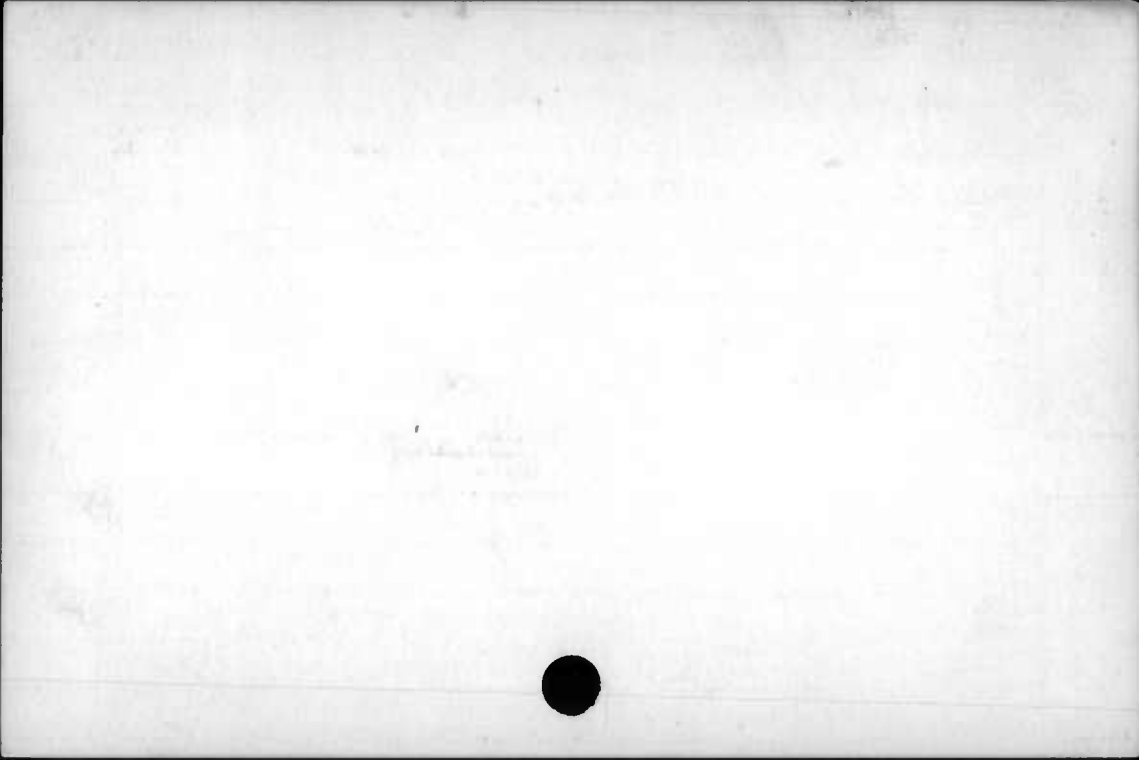
Infant of Clara Umphrey
 Died at ^{Town} Woodlawn ^{County} Baltimore
 Date of death 1908 Aug 8 Age — Months 3 Days 22
 Sex female Color or Race white Birth-place Sam
 Occupation — Where Residing if not at place of death Sam
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name Charles Umphrey Father's Birthplace Ind
 Mother's Maiden Name Bessie Haugh Mother's Birthplace Ind
 Name of person giving information Geo Umphrey How related to deceased Uncle

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Marasmus
 Immediate Cholera Infantum
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician A. C. Smith
 Address Woodlawn 8th
 Accident or Suicide? ☒



Name
in
Full

Louis Vaughan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gorantown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> ^{Month}	<u>30</u> ^{Day}	<u>16</u> ^{Years}	<u>9</u> ^{Months}	<u>28</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>Black smith</u>			Where Residing If not at place of death <u>Gorantown Md</u>		
Married Single or Widowed			Name of Wife or Husband _____		
Father's Name <u>Thos. J. Vaughan</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Alise V Pulliam</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Arthur Anderson</u>			How related to deceased <u>Brother-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Bacterioides</u>	How long <u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. H. Duncan</u>
	Address <u>Gorantown Md.</u>
Accident or Suicide? <u>1</u>	<u>9th District</u>

St Marys Town

Sep 1. 1908

Wm E. Chenoweth son

919 3rd Ave Hampden

East Winston, Ready au

Name
in
Full

Yetta Walpert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Reisterstown* ^{Town} *Balt.* ^{County} *MARYLAND*

Date of death 190 *8 Aug.* ^{Month} *15* ^{Day} *40* ^{Years} *—* ^{Months} *—* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Russia*

Married, Single or Widowed *Widow* Occupation *Housekeeper*

Name of Wife or Husband *Max Walpert*

Father's Name *Samuel Landis* Father's Birthplace *Russia*

Mother's Maiden Name *Beckie Landis* Mother's Birthplace *"*

Name of person giving information *Dr. R. Smitnow* How related to deceased *4 yrs.*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* ^{How long} *4 yrs.*

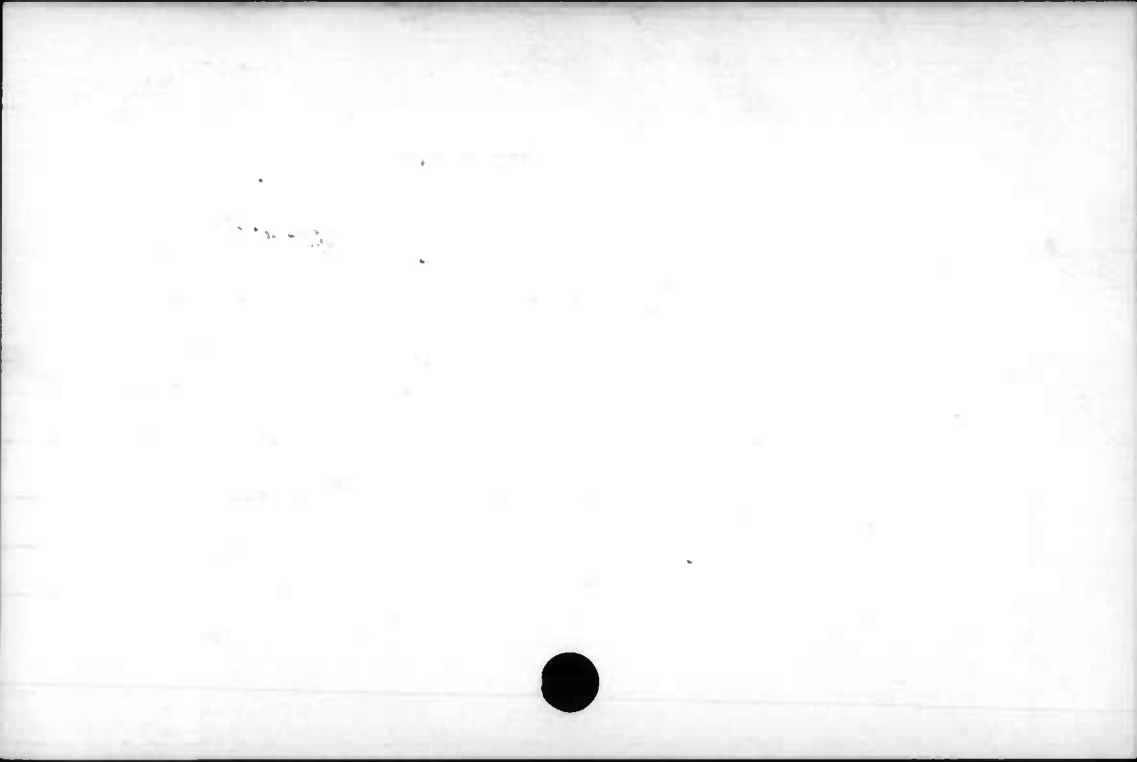
Immediate *4 yrs.* ^{How long}

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. R. Smitnow.*

Address *J. H. C. B. Reisterstown*

4th District *Ind.* *4*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

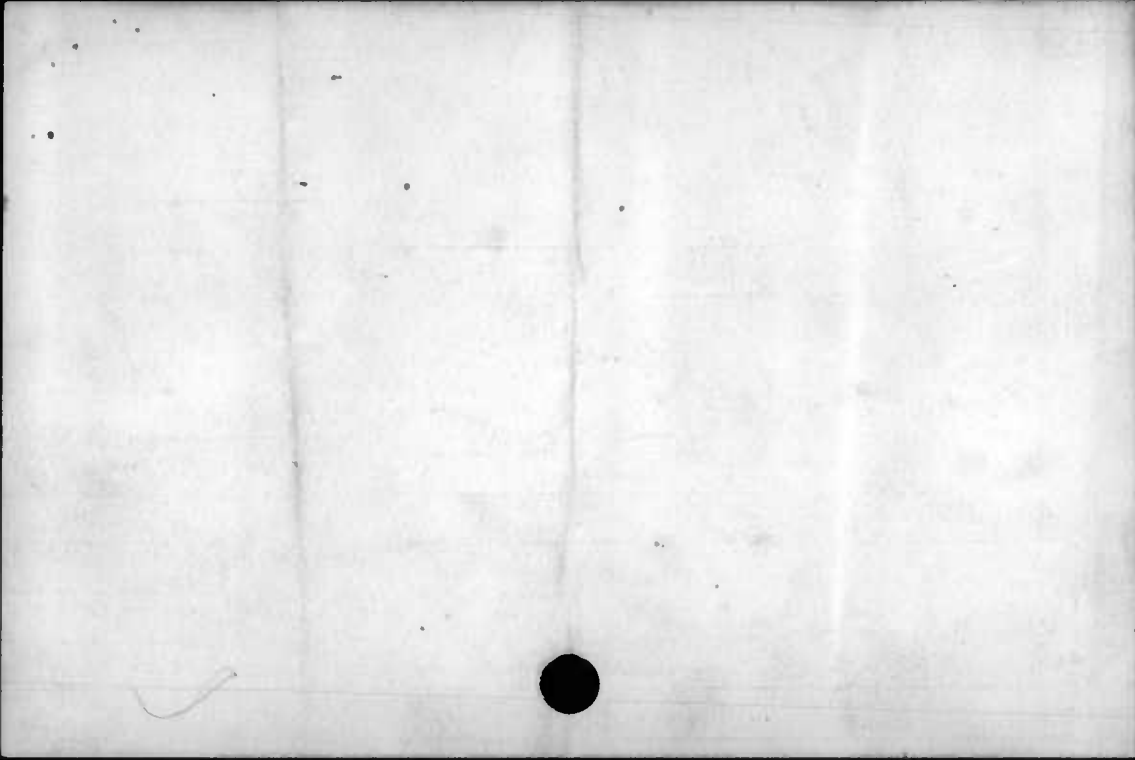
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace				Mother's Birthplace	
Mother's Maiden Name		How related to deceased					
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

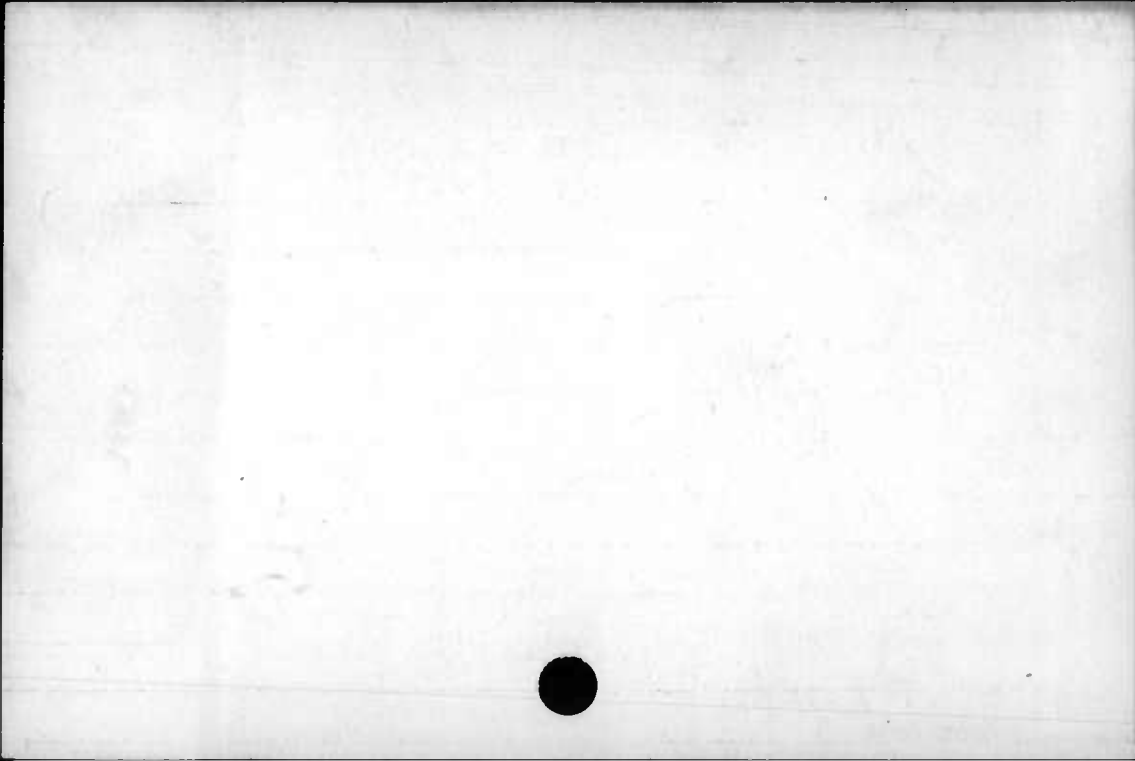
Died at		Town. <i>Wilmington</i>		County. <i>Bald.</i>		MARYLAND	
Date of death	1908	Month	Aug	Day	11	Age	Years
Sex		female		Color or Race		d. n.	
Occupation		Infant		Birth-place		Baltimore	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Aaron Weiss				Father's Birthplace	
Mother's Maiden Name		Unknown				Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Heart failure.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Wilmington</i>	
Accident or Suicide?			



Name
in
Full

Lulu. Hellen. Wellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

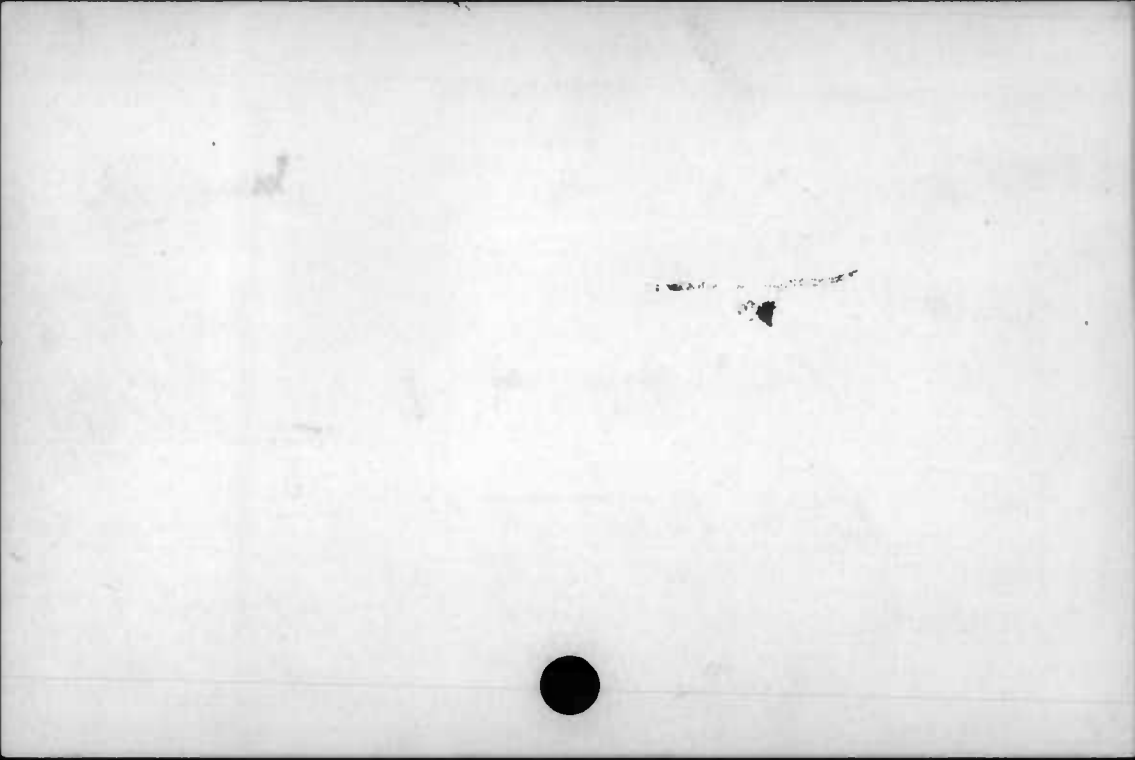
Died at <i>Deer Park</i> ^{Town}		<i>Baltimore County</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>August</i>	Day	<i>9</i>
Age		Years	<i>4</i>	Months	<i>21</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Dickeyville</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death <i>Rustensburg</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Louis Edward Wellman</i>			Father's Birthplace	<i>Baltimore City</i>
Mother's Maiden Name	<i>Ella Nora Simpson</i>			Mother's Birthplace	<i>Howard County</i>
Name of person giving information	<i>Louis. Edward Wellman</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 weeks</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. E. Dupont</i>	
<i>Yes</i>		Address <i>Roslyn Baltimore</i>	
Accident or Suicide?			



Name
In
Full

Harry C. Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ~~Elchester~~ ^{Town} Thistlewells ^{County} Balto

MARYLAND

Date of death 1908 ^{Month} Aug ^{Day} 15 ^{Years} 1 ^{Months} 1 ^{Days}Sex Male Color or Race White Birth-place MarylandOccupation none Where Residing if not at place of death ElchesterMarried, Single or Widowed single Name of Wife or Husband noneFather's Name Charles W Welsh Father's Birthplace MarylandMother's Maiden Name Effie S Smallwood Mother's Birthplace MarylandName of person giving information Charles W Welsh How related to deceased Father

CAUSES OF DEATH

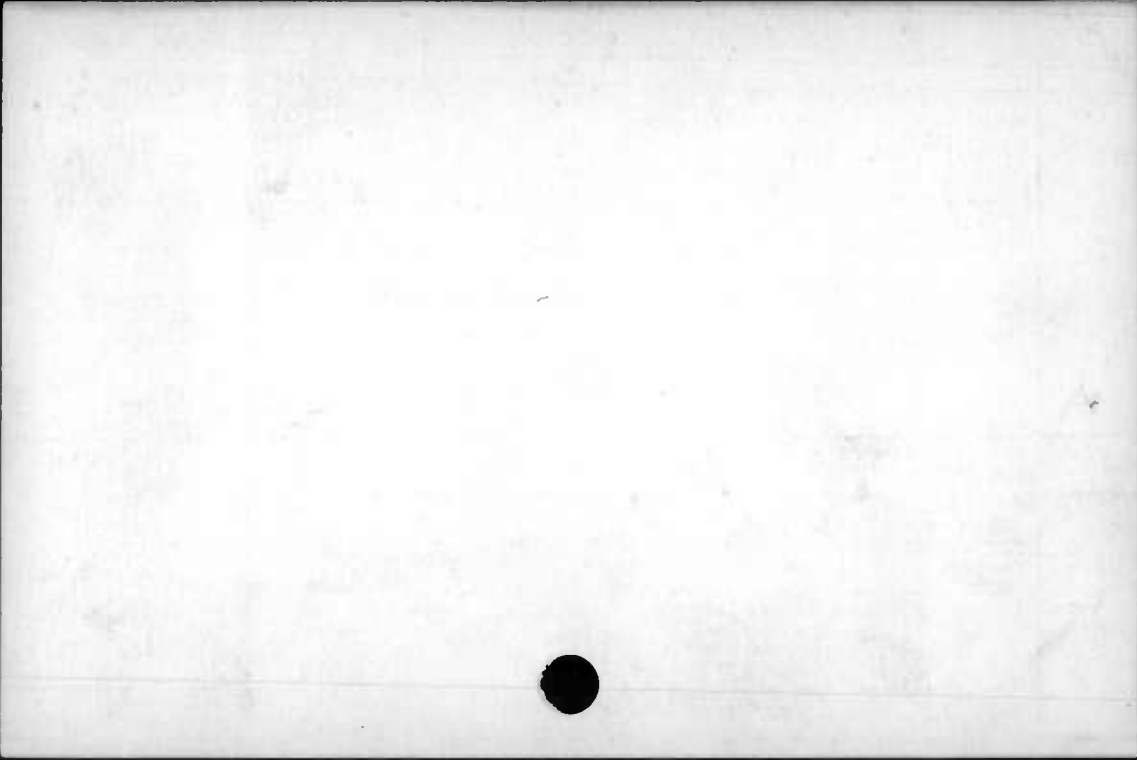
151

PHYSICIAN
OR CORONERPrimary Premature Birth How long about 1 mo. soonImmediate General Asphyxia How long -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J M Stutts M.D.Address Catawusville

Accident or Suicide?



Name
in
Full

Mathew Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ballo. Co. Alushouse

MARYLAND

Date

of death 1908

Month

8

Day

18

Years

Age about 47 yrs.

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Unknown

Where Residing if not
at place of death

as above

Married, Single
or Widowed

Unknown

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Alushouse Register

How related
to deceased

—

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary

Insanity

How long

Unknown

Immediate

Late Phrenitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. T. B. Bussey

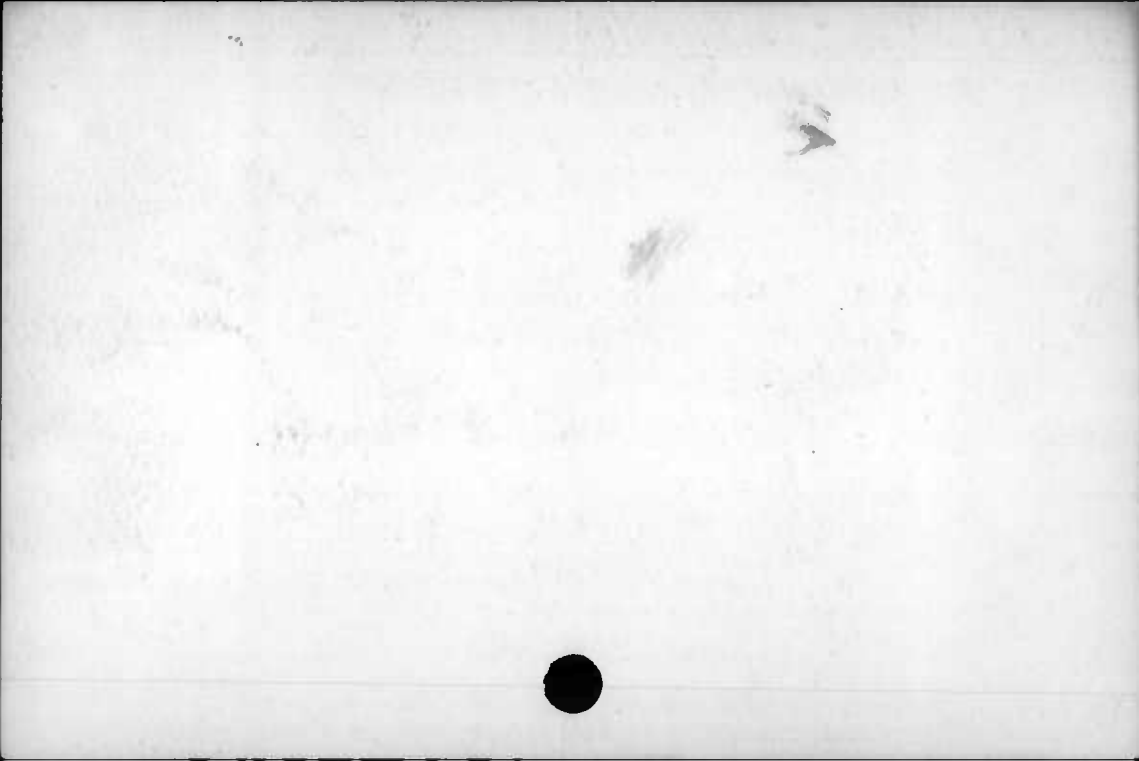
Address

Pineas

Accident or Suicide?

No

Md. 8



Name
in
Full

William Edw. Whitehurst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto.</i>		MARYLAND	
Date of death	^{Month} <i>Aug</i> ^{Day} <i>14th</i> ^{Years} <i>—</i>	^{Months} <i>8</i>	^{Days} <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>—</i>	Birth-place	<i>Balto Ee.</i>
Where Residing if not at place of death		<i>—</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>
Father's Name	<i>August Whitehurst</i>	Father's Birthplace	<i>Balto cld</i>
Mother's Maiden Name	<i>Caroline Grosekoff</i>	Mother's Birthplace	<i>Balto. cld</i>
Name of person giving information	<i>Caroline Whitehurst</i>	How related to deceased	<i>Mother.</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>110</i>	Signature of Physician	<i>Jack R. [Signature]</i>
		Address	<i>34 [Signature]</i>
Accident or Suicide?	<i>110</i>		<i>Highlandtown</i>

Mount Carmel Cemetery

Aug 15th 1908

Lilly and Zeiler
Undertakers

Name
in
Full

Lucile Whitte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

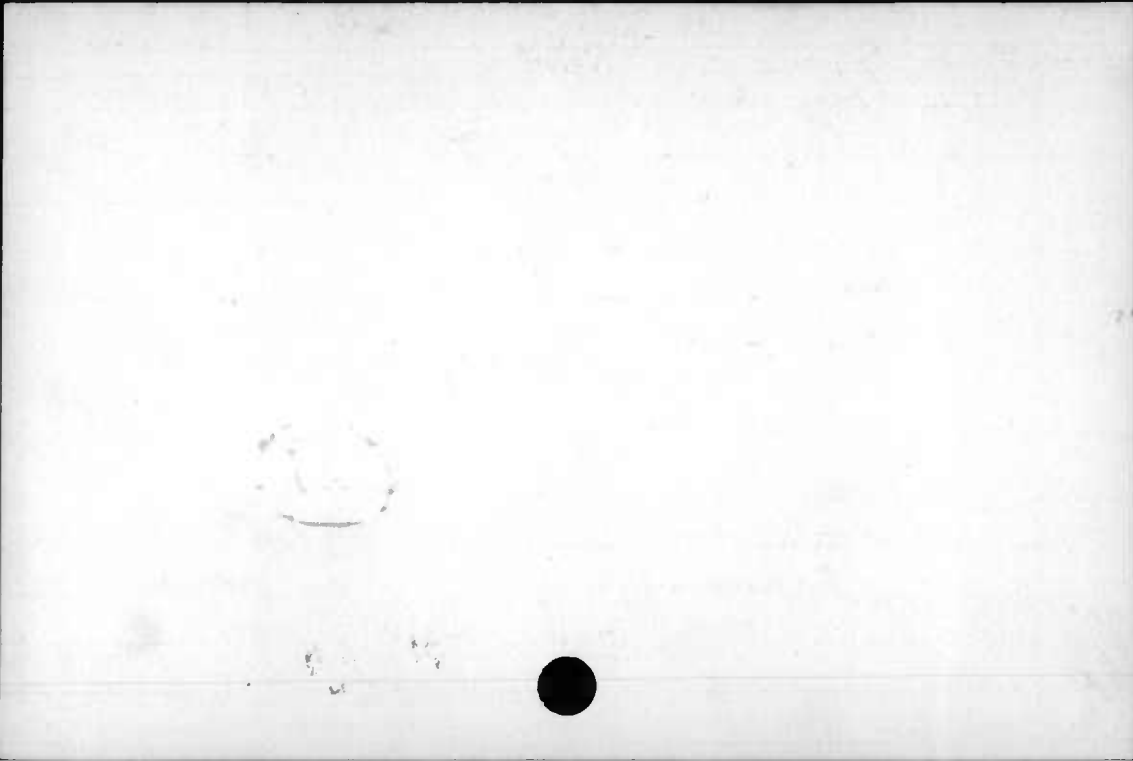
Died at		Town Walden		County Balt.		MARYLAND	
Date of death		1905	Month Aug	Day 13	Age	Years	Months 7
Sex female		Color or Race colored		Birth- place Balt.			
Occupation N. York		Where Residing if not at place of death		Baltimore			
Married, Single or Widowed Single		Name of Wife or Husband		Unknown			
Father's Name		Unknown		Father's Birthplace		unk	
Mother's Maiden Name		Unknown		Mother's Birthplace		unk	
Name of person giving In formation				How related to deceased		unk	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Subcutaneous Decubitus	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. [Signature]
		Address Walden, Md
Accident or Suicida?		



Name in Full		Alia Williams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u>			County <u>Balto.</u>		MARYLAND		
	Date of death	1908	Month <u>Aug.</u>	Day <u>10</u>	Age <u>14</u>	Years <u>14</u>	Months <u>—</u>	
	Sex	<u>female</u>			Color or Race	<u>col</u>		
	Occupation	<u>none</u>			Birth-place	<u>MD.</u>		
	Where Residing if not at place of death				<u>Town</u>			
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace					
Name of person giving information			How related to deceased					
Alex Williams Lizzie Quirkley Edna Williams			MD. MD. Sister					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary			<u>Typhoid-fever</u> How long <u>2 weeks</u>				
	Immediate			<u>Cholera (intestinal)</u> How long <u>24 hours</u>				
	Are the name, age, sex, color, date and place correctly given above?			<u>yes</u>				
	Signature of Physician			<u>J. Grayson W.D.</u> Address <u>Town MD.</u> <u>9th District</u>				

Aug 12. 1908

Sandy Bottom Cemetery

R. S. Elliott

Name

in
Full

Rebecca R Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sheppard & Enoch Town

Died at

Pratt Harb

Towson

County

Baltimore

MARYLAND

Date

of death

1908

Month

Aug

Day

19

Age

Years

47

Months

8

Days

5

Sex

Fem

Color or
Race

W

Birth-
place

Baltimore

Occupation

None

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Benj Harkins Williams

Father's
Birthplace

Balto

Mother's
Maiden Name

Agnes Riddell (Williams)

Mother's
Birthplace

"

Name of person giving
In formation

E. T. Drunk

How related
to deceased

Physn

CAUSES OF DEATH

27

Primary

Tuberculosis (Melancholia)

How long

3 Mos

Melancholia

1 & 2 Mos

How long

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. T. Drunk

Address

Sheppard & Enoch Pratt Harb

Accident or Suicide?

No

9th District Towson

9

PHYSICIAN
OR CORONER

Henry W. Jenkins Sons Co

Green Mount

Name
in
Full

Cordelia H. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

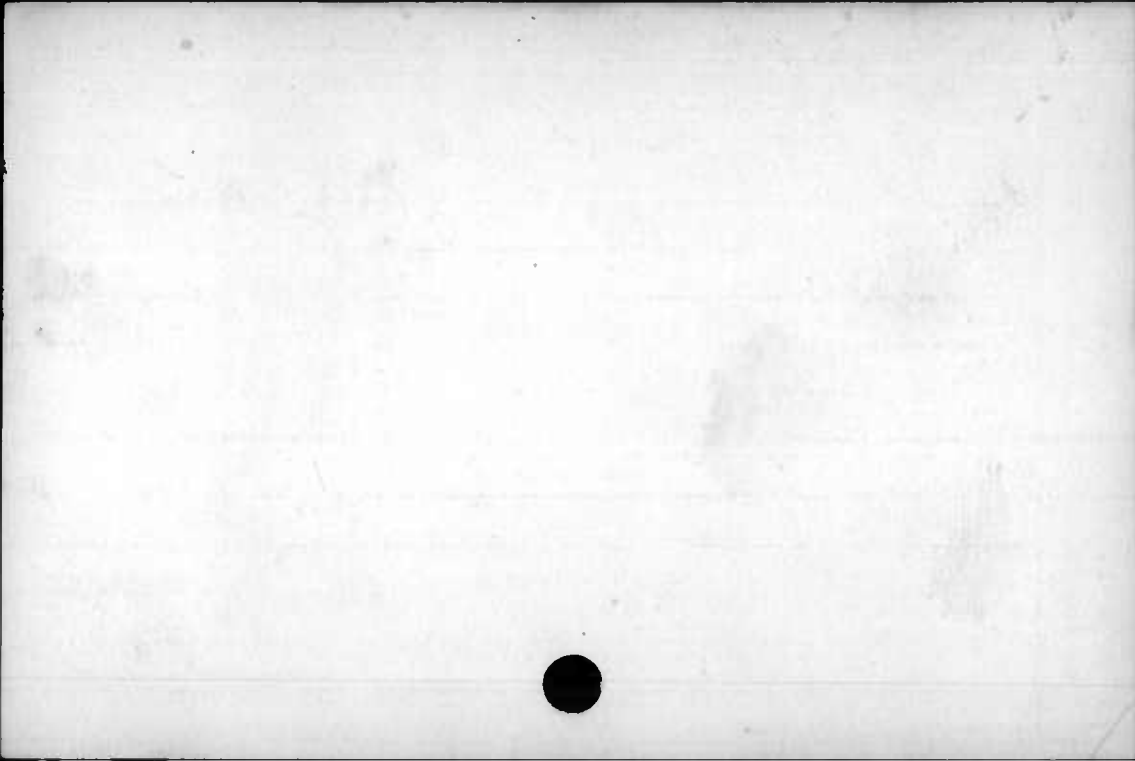
Died at <u>Fork</u> Town		<u>Batts</u> County		MARYLAND	
Date of death	1908	Month	Aug	Day	17
Age	83	Years		Months	2
Sex	Female	Color or Race	White	Birthplace	Ind
Occupation	Leisure		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		none	
Father's Name	Benjamin Wilson			Father's Birthplace	Ind
Mother's Maiden Name	Elvira Edwards			Mother's Birthplace	Ind
Name of person giving information	Chas. Gorsuch			How related to deceased	Nephew

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	2 years
Immediate	arterial hemorrhage	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. F. H. Gorsuch	
		Address	
		Fork Ind-	
Accident or Suicide?			



Name
in
Full

Mathias (Tash) Wisner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

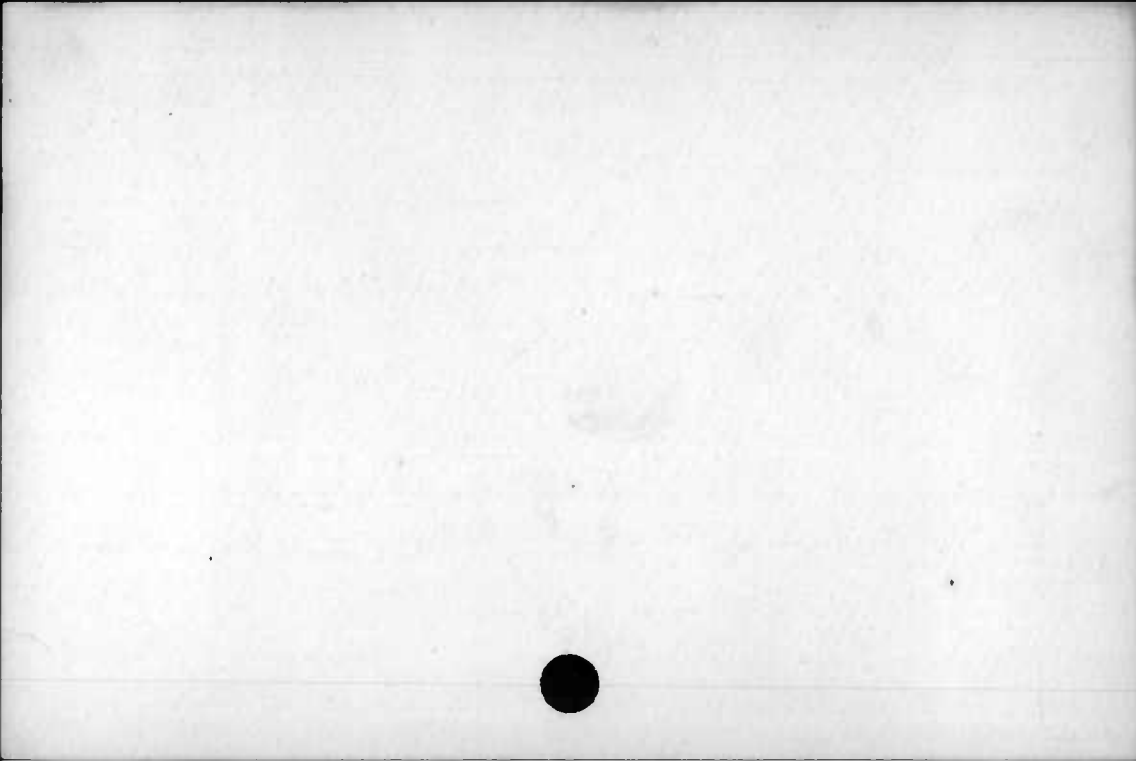
Died at <i>Boring</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1908 Aug.</i>	Month	<i>31</i>	Day	<i>8</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Years	<i>95</i>
Occupation	<i>Farmer</i>	Birth-place	<i>Boring Md.</i>	Months	<i>11</i>
Where Residing if not at place of death		<i>" "</i>			
Married, Single Widowed	Name of Wife <i>Anna Nancy Wisner</i>				
Father's Name	<i>Christopher Wisner</i>		Father's Birthplace	<i>Butte Md.</i>	
Mother's Maiden Name	<i>Rachel Wisner</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Christopher Wisner</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of Age</i>	How long	<i>—</i>
Immediate	<i>General Expansion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Orach</i>
		Address	<i>Locksville Md</i>
Accident or Suicide?			



Name
in
Full

Henry Wohlfarth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} 831 Bond Street ^{County} Baltimore

Date of death 190 ^{Month} Feb ^{Day} 26 1908 ^{Age} 47 ^{Years} 7 ^{Months} 5 ^{Days}

Sex Male Color or Race White Birth-place Germany

Occupation Driver Where Residing if not at place of death 831 Bond Street

Married, Single or Widowed Married Name of Wife or Husband Mary Wohlfarth

Father's Name Not known Father's Birthplace Germany

Mother's Maiden Name Do Mother's Birthplace Germany

Name of person giving information Mary Wohlfarth How related to deceased Wife

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary Bronchial or Gastric Catarrh How long 5 weeks

Immediate Asphyxia How long one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. J. Selmer M.D.

Address 1504 E. Cay Street

Accident or Suicide? No

Sacred Heart Cemetery

NOV 29 1908

Lilly and Zeiler

Undertakers

Name
in
Full

Chloe May Gunkhan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

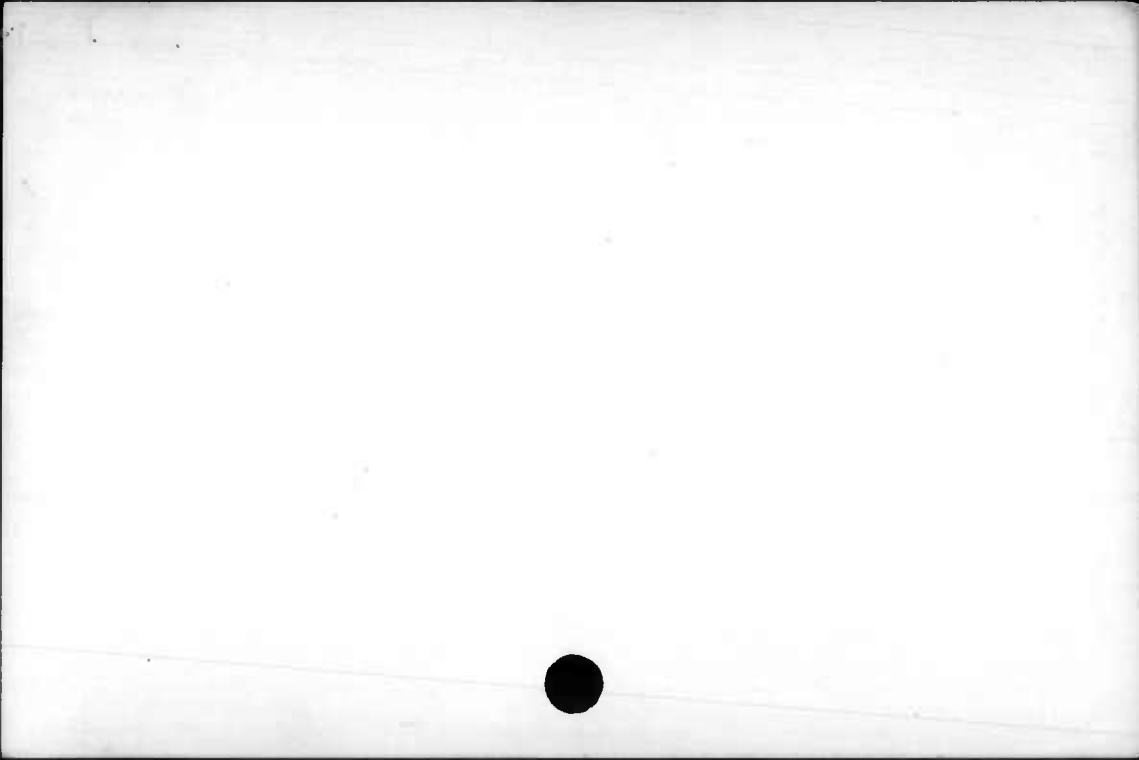
Died at <u>Monkton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Aug.</u> <small>Month</small>	<u>20</u> <small>Day</small>	<u>Age</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>23</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Monkton Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Conrad C. Gunkhan</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Chloe P. Light</u>			Mother's Birthplace <u>Balto. Md.</u>		
Name of person giving Information <u>Conrad C. Gunkhan</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera Infusoria</u>	How long <u>3 days</u>
Immediate <u>Exhaustion</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Payne</u>
	Address <u>Corbett</u>
Accident or Suicide <u>No</u>	



Name
in
Full

Marie C. Gorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		8	25 th	-	-	7	-
Sex	Female		Color or Race	White		Birthplace	Balto br
Occupation			Where Residing if not at place of death		3217 Elliott St.		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Lorenz Gorn			Father's Birthplace	
						Balto	
Mother's Maiden Name			Catherine Nelson			Mother's Birthplace	
						7	
Name of person giving Information			Lorenz Gorn			How related to deceased	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastric-Enteritis	How long	10 days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. Jones	
		Address	
		3116 Osmond St	
Accident or Suicide			

Sacred Heart Con.
Hernig & Son
8/26/08

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>6</u>	Age <u>26</u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Unknown</u>			
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>Unknown</u>				
Married, Single or Widowed <u>Unknown</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>P. C. Johnson</u>	How related to deceased <u>Unknown</u>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Struck by B & O. R. R. Train</u>	How long <u>Immediate</u>
Immediate	<u>Fractured Skull</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician or Coroner <u>August W. Miller, Coroner,</u>
		Address <u>Mt. Wmians</u>
Accident or Suicide? <u>accident</u>		<u>Balto Co. Md.</u> 13

Nicholas Link
Mt Zion Cemetery

Name
in
Full

Wutcygon Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Marsh</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>25</i>	Years <i>35</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>		
Occupation <i>unknown</i>			Where Residing if not at place of death <i>unknown</i>		
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>J. Smith</i>		How related to deceased <i>unknown</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>natural causes</i>	How long <i>—</i>
Immediate <i>natural causes</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Chas. E. Francis J.P.</i>
	Address <i>White Marsh and</i>
Accident or Suicide? <i>—</i>	

Entertainment

Dowdler Cant

Rutty Hill

Geo W. Gramme

underleke
